

2016 Community Health Assessment 2017 Community Health Improvement Plan



Mobilizing for Action through Planning and Partnerships



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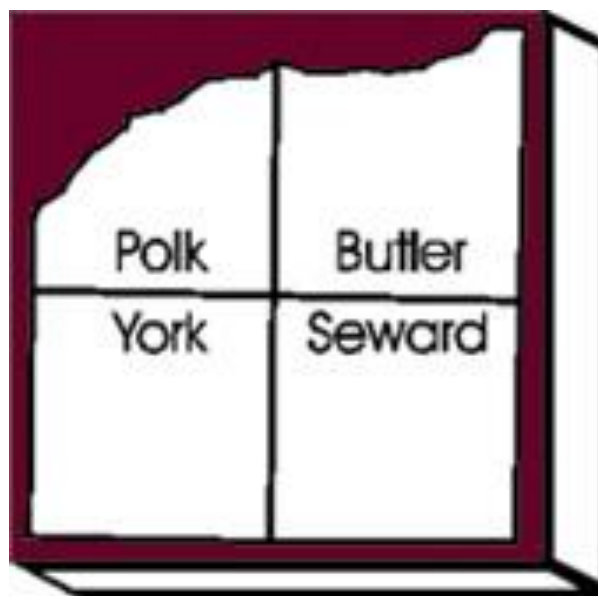
Introduction

Four Corners Health Department (FCHD) was developed in February 2003 and serves the area including Butler, Polk, Seward, and York Counties in Nebraska. Four Corners mission statement is to “promote health, prevent disease, and protect the environment, improving the health of the Four Corners Community.” The department has grown to include a variety of health promotion, prevention, safety and preparedness activities.

Residents in the FCHD District region number approximately 44,500 (2014) and communities are considered agriculturally based and rural. Residents are primarily Caucasian, with European backgrounds and strong Ethnic ties to cultural heritage and traditions. In addition, a small number of other races/cultures exist, with Hispanic or Latino being the largest. The Hispanic community often remains “invisible” or “hidden” in the larger community. Therefore, the outreach to this community is more difficult and requires creative efforts.

The District covers approximately 2,166 square miles. Across those miles, 37 villages or towns exist. Even though rural country roads may separate neighbors, collaboration is strong and the value of neighbor helping neighbor is often evident. FCHD strives to positively influence the lives of the infants, children, teens, adults, and older adults across these miles.

Public Health is about so much more than 8 FCHD staff members working to improve the life of 44,500 people. The lives of our families can only be improved through working together with community leaders, health care providers, health related agencies, state partners, and all those who are part of the Public Health System. We realize that only through an organized community effort can we improve the health and reduce the impact of disease and emergencies in our communities. We rely on our collaborations within the public health system and the countless volunteers in the community to make things happen. We continue to build core partnerships that will grow with the public health needs. When every person recognizes their role in their own health, and that of their family, as well as their impact on the health of the whole community, THEN our efforts will be a success.



Background

In April of 2015, Four Corners Health Department launched a community health assessment project that will have lasting effects for the entire public health system in the district. The purpose of a community health assessment is to describe the health status of the population, identify areas for health improvement, determine factors that contribute to health issues, and identify assets and resources that can be mobilized to address population health issues.

A community driven process, called MAPP, was chosen to complete the assessment. Mobilizing for Action through Planning and Partnerships (MAPP) is a dynamic process developed by the Centers for Disease Control and Prevention (CDC) and the National Association of City and County Health Officials (NACCHO) that helps communities prioritize public health issues and identify resources for addressing them. Community ownership is a fundamental component of MAPP. The MAPP process includes four community assessments, which are included in this report. Data from these four assessments will be used to identify strategic issues and formulate goals and strategies to address those strategic issues. These goals and strategies will help inform future programs and initiatives of Four Corners Health Department and other community partners.

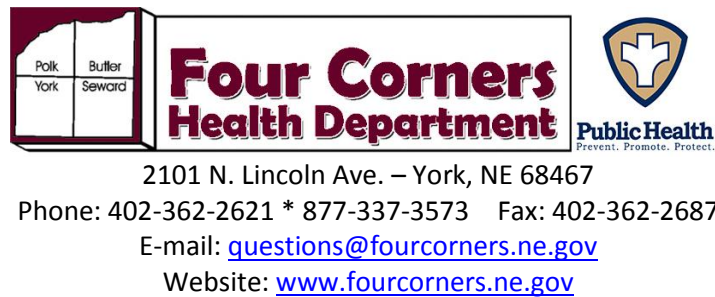
The MAPP Advisory Committee was created to work through this process. Individuals representing many partner agencies from across the Four Corners District met regularly to work through the MAPP process as seen below.



This report is considered a point-in-time document that is open for review and revision as new information and insight is gained at the local, state, and national levels.

This Community Health Assessment and Health Improvement Plan follows completed plans in 2006 and 2011/2012.

To learn more about the Community Health Assessment and Community Health Improvement Plan, contact us:



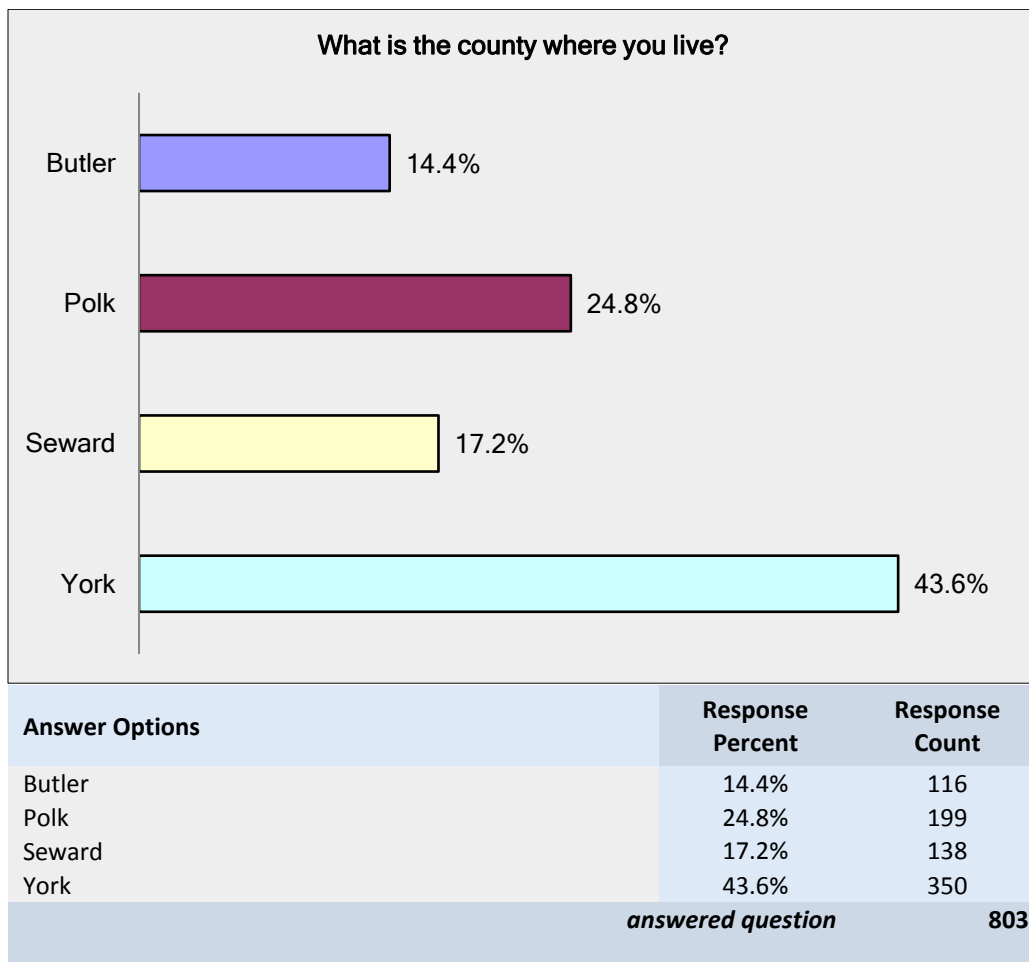
Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment focuses on collecting the community's perspective on issues such as health care, education, care for older adults, jobs, support networks, health problems, and risky behaviors. . A survey was designed by utilizing a sample survey provided by NACCHO. The survey can be found in Appendix A.

MAPP Advisory Committee members worked together to distribute paper copies of the surveys at community meetings such as Rotary, Kiwanis, or Sertoma Clubs. They were taken to churches, school events, and county fairs. The survey was distributed throughout the district from May to October 2015. Responses were received from 817 individuals. The compiled results of those 817 surveys are reported here.

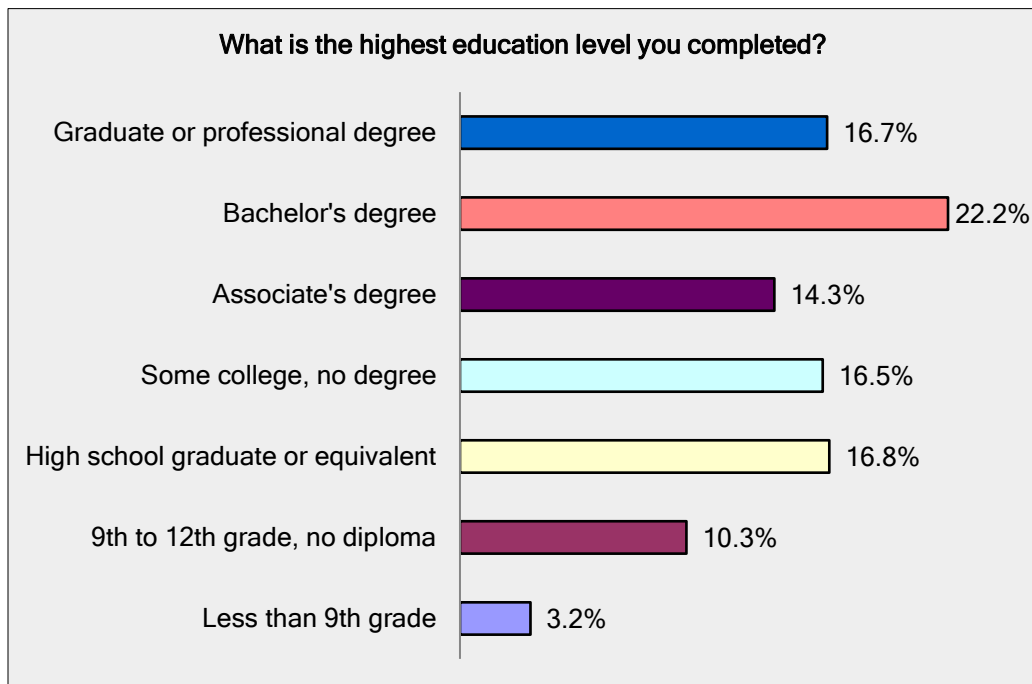
In addition to the data presented here, the Community Health Survey allowed residents the opportunity to comment on individual questions. Hundreds of comments were collected, and comments to specific questions can be made available upon request. For more information on specific questions or comments, please contact Four Corners Health Department.

Demographics

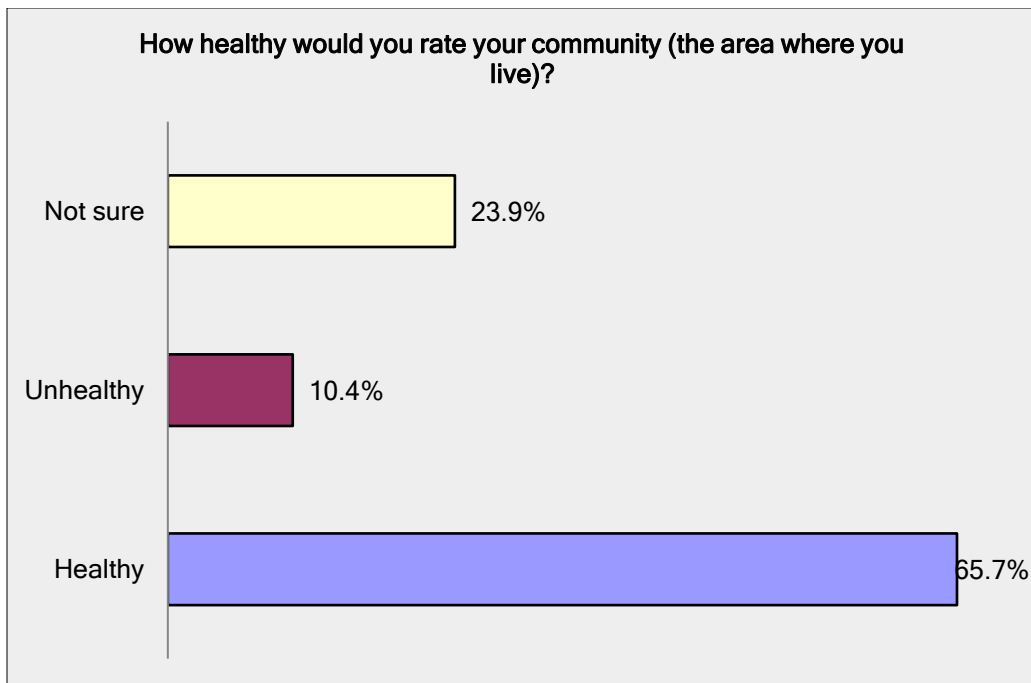


How old are you?		
Answer Options	Response Percent	Response Count
14-18 years	11.9%	97
19-25 years	7.0%	57
26-39 years	20.4%	166
40-54 years	23.2%	189
55-64 years	18.2%	148
65-80 years	13.4%	109
Over 80 years	5.8%	47
answered question		813

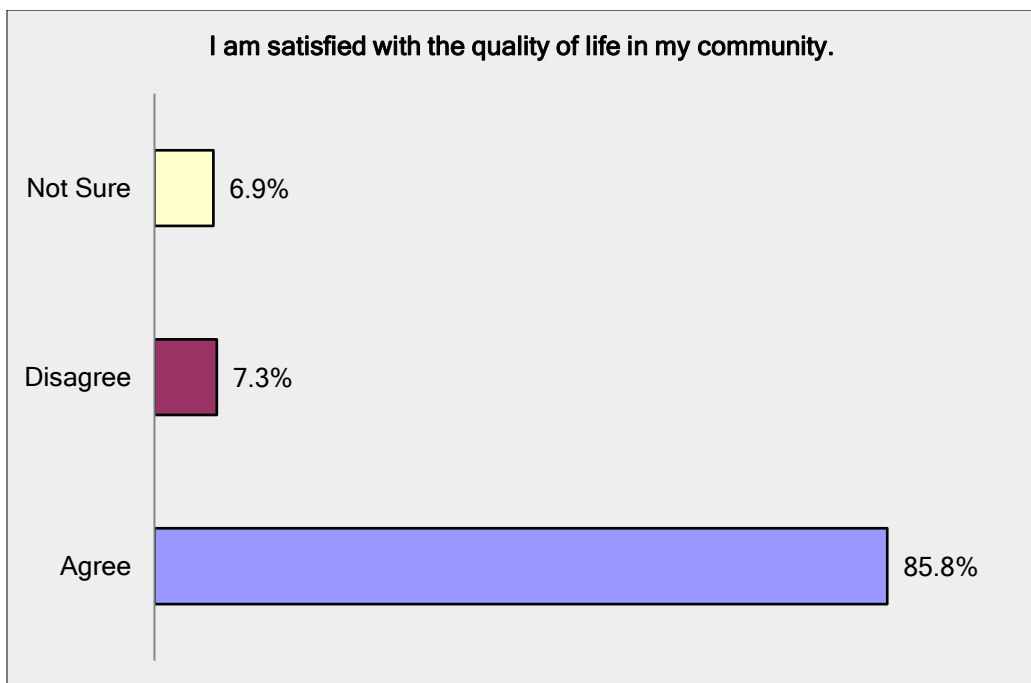
Which describes your race/ethnicity? Please select just one.		
Answer Options	Response Percent	Response Count
White, not Hispanic or Latino	93.9%	764
Hispanic or Latino	3.3%	27
American Indian, not Hispanic or Latino	1.4%	11
Asian, not Hispanic or Latino	0.4%	3
Multi-Race, not Hispanic or Latino	0.4%	3
Some other race alone, not Hispanic or Latino	0.4%	3
Black, not Hispanic or Latino	0.2%	2
Native Hawaiian and other Pacific Islander, not Hispanic or Latino	0.1%	1
Other (please specify)		2
answered question		814



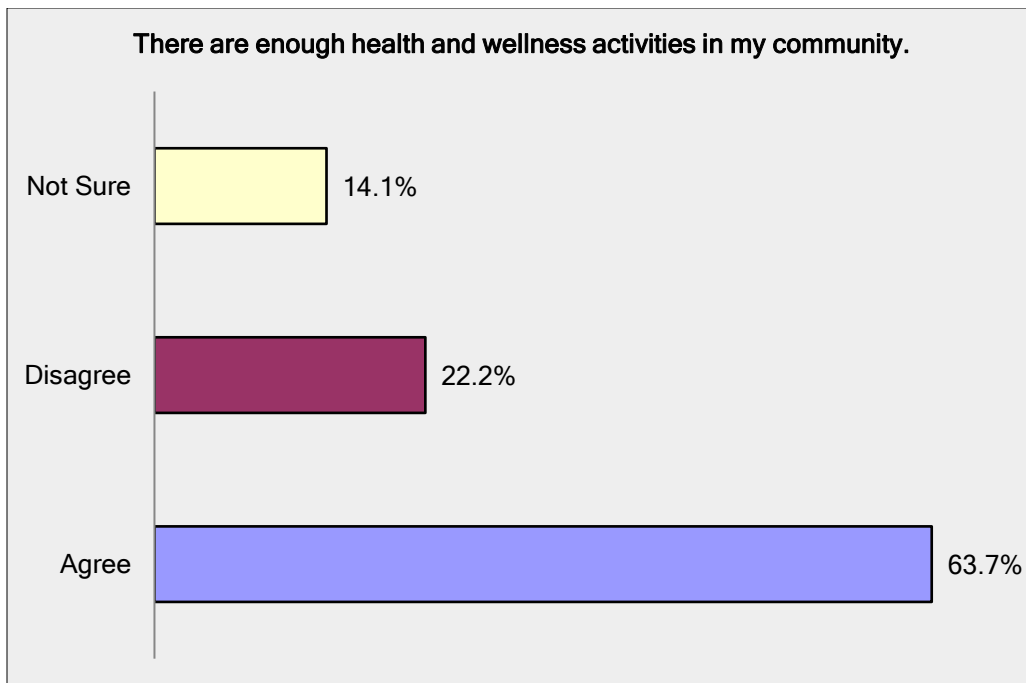
Answer Options	Response Percent	Response Count
Less than 9th grade	3.2%	26
9th to 12th grade, no diploma	10.3%	84
High school graduate or equivalent	16.8%	137
Some college, no degree	16.5%	134
Associate's degree	14.3%	116
Bachelor's degree	22.2%	181
Graduate or professional degree	16.7%	136
answered question		814



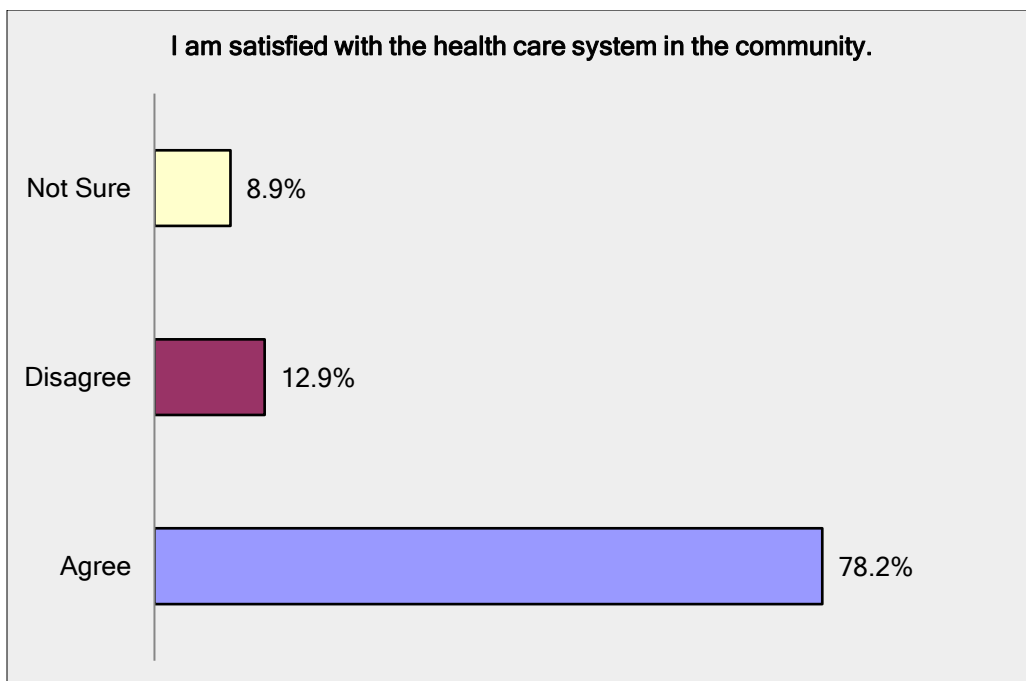
Answer Options	Response Percent	Response Count
Healthy	65.7%	525
Unhealthy	10.4%	83
Not sure	23.9%	191
answered question		799



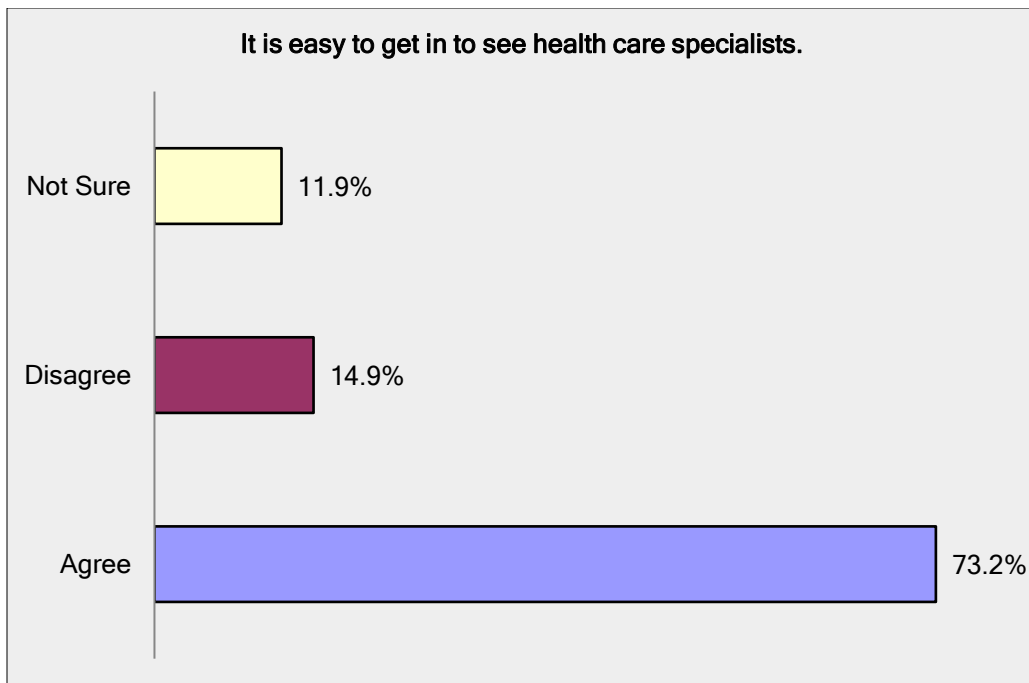
Answer Options	Response Percent	Response Count
Agree	85.8%	683
Disagree	7.3%	58
Not Sure	6.9%	55
answered question		796



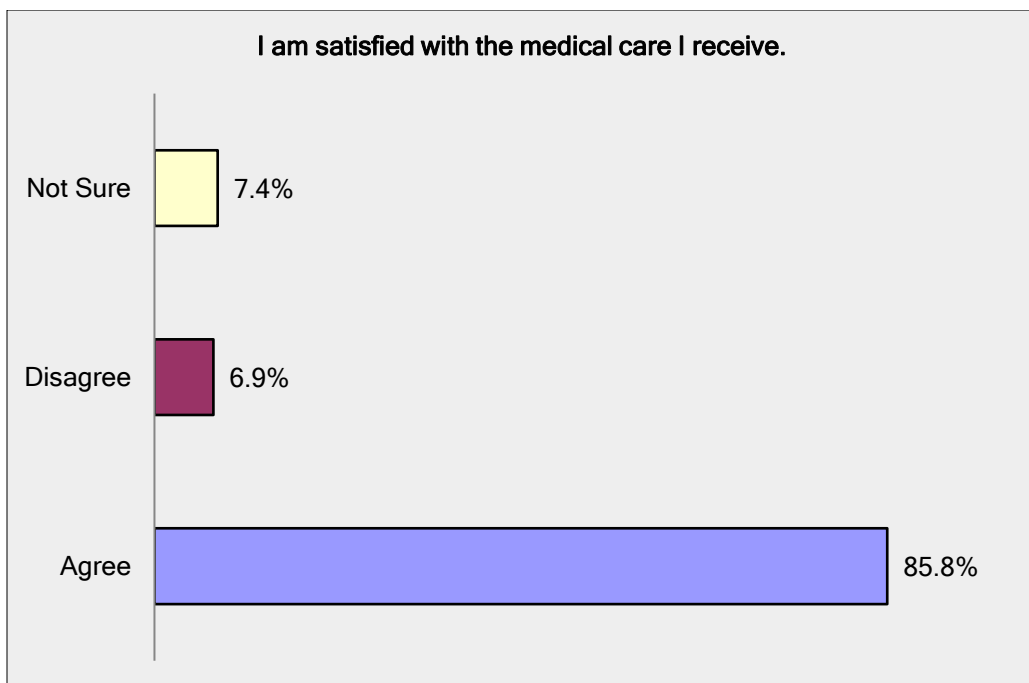
Answer Options	Response Percent	Response Count
Agree	63.7%	506
Disagree	22.2%	176
Not Sure	14.1%	112
<i>answered question</i>		794



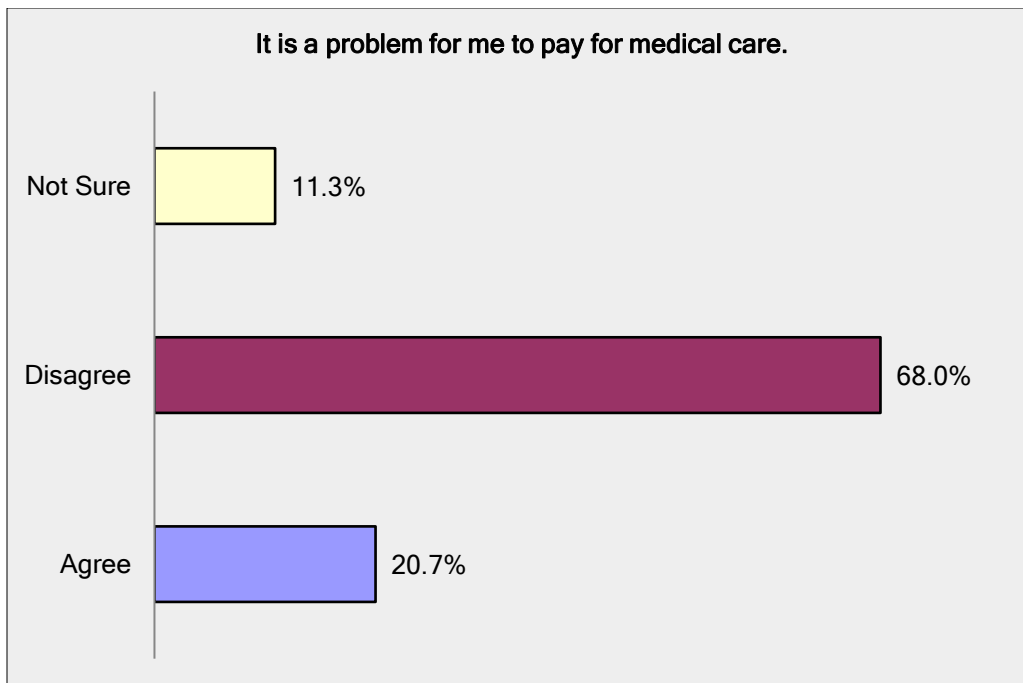
Answer Options	Response Percent	Response Count
Agree	78.2%	618
Disagree	12.9%	102
Not Sure	8.9%	70
<i>answered question</i>		790



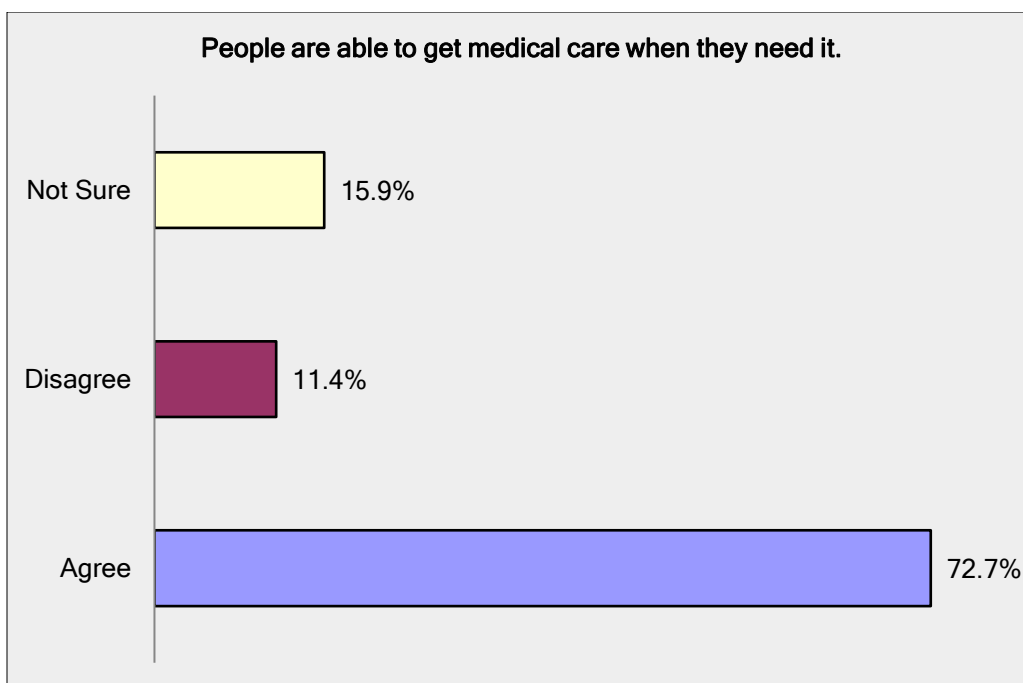
Answer Options	Response Percent	Response Count
Agree	73.2%	576
Disagree	14.9%	117
Not Sure	11.9%	94
<i>answered question</i>		787



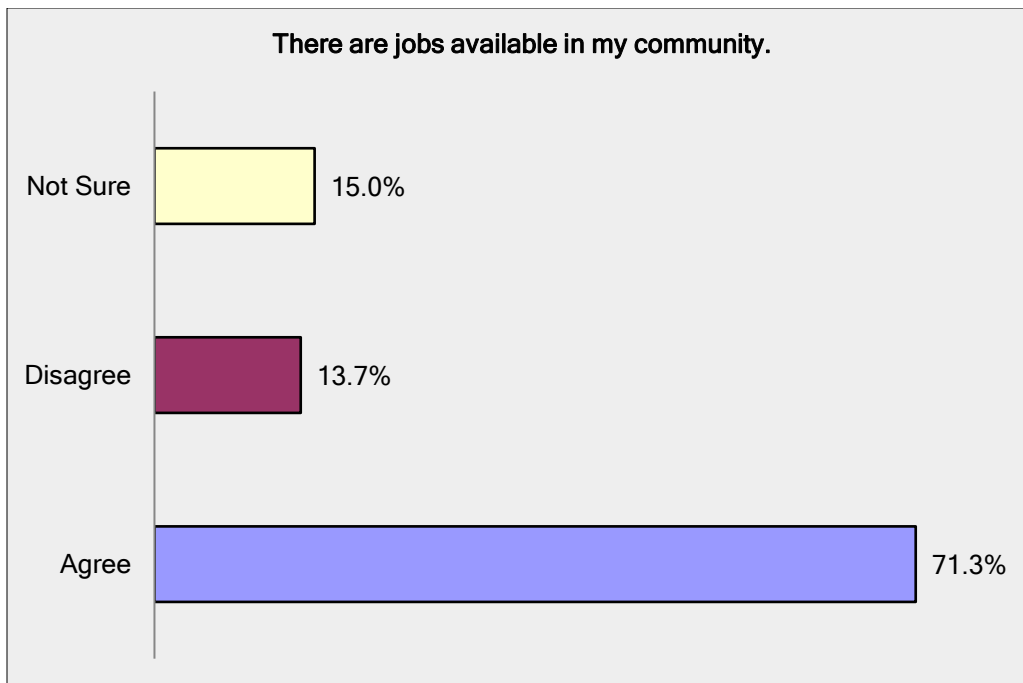
Answer Options	Response Percent	Response Count
Agree	85.8%	675
Disagree	6.9%	54
Not Sure	7.4%	58
<i>answered question</i>		787



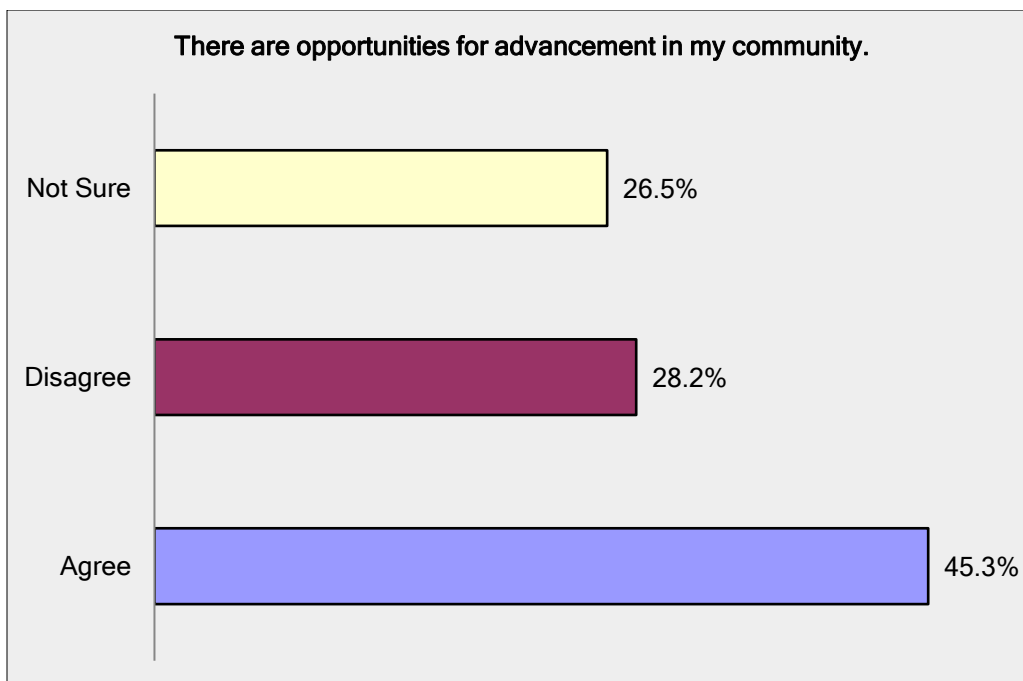
Answer Options	Response Percent	Response Count
Agree	20.7%	163
Disagree	68.0%	536
Not Sure	11.3%	89
<i>answered question</i>		788



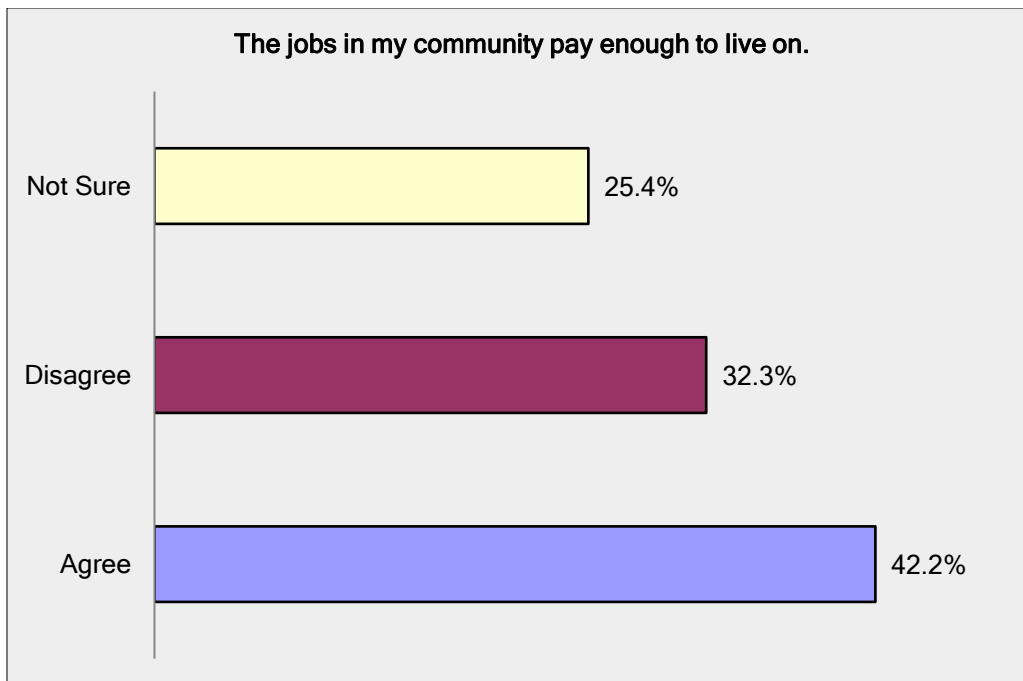
Answer Options	Response Percent	Response Count
Agree	72.7%	576
Disagree	11.4%	90
Not Sure	15.9%	126
<i>answered question</i>		792



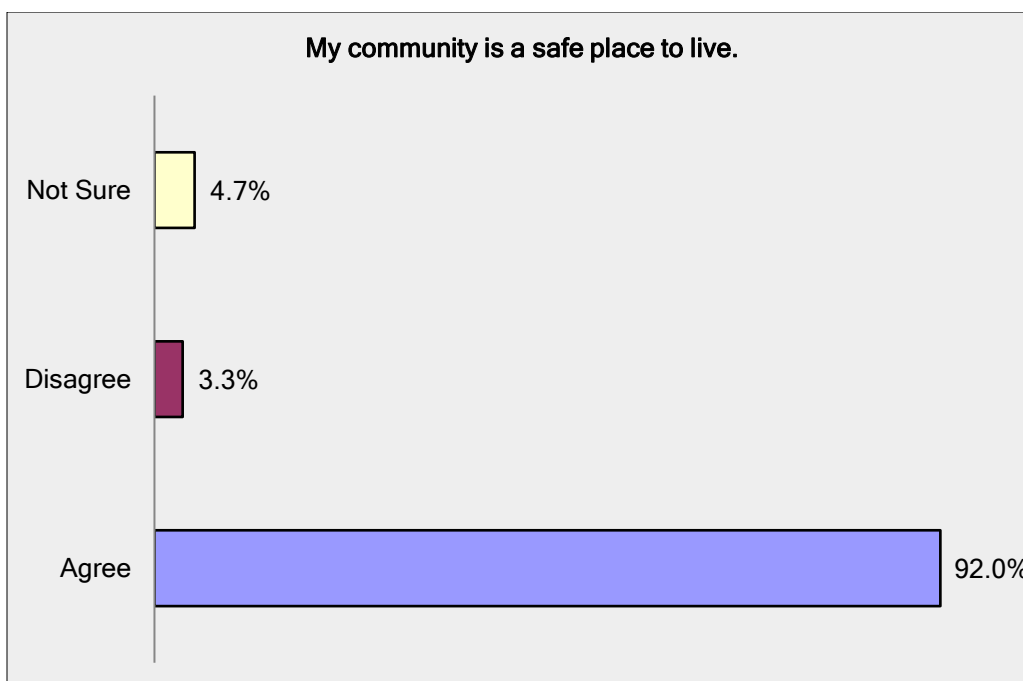
Answer Options	Response Percent	Response Count
Agree	71.3%	561
Disagree	13.7%	108
Not Sure	15.0%	118
<i>answered question</i>		787



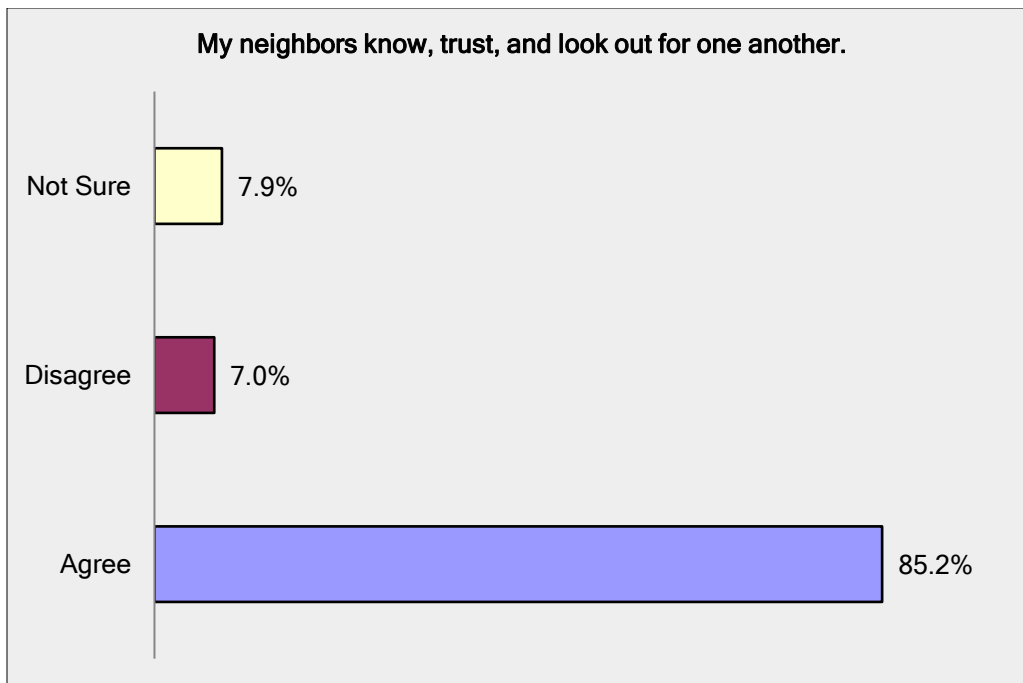
Answer Options	Response Percent	Response Count
Agree	45.3%	359
Disagree	28.2%	224
Not Sure	26.5%	210
<i>answered question</i>		793



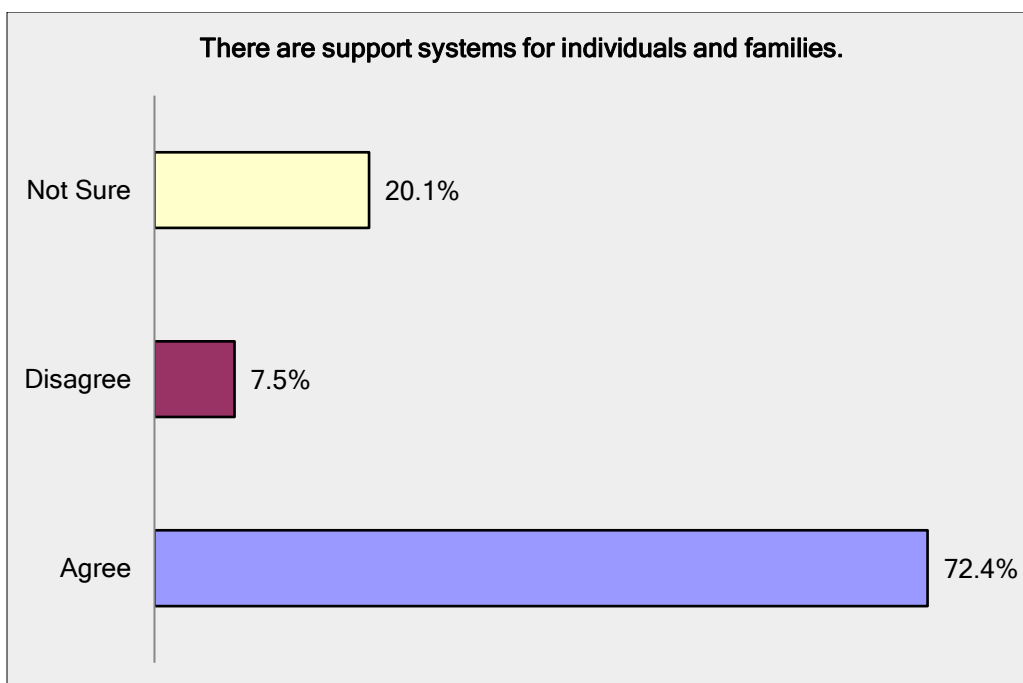
Answer Options	Response Percent	Response Count
Agree	42.2%	332
Disagree	32.3%	254
Not Sure	25.4%	200
<i>answered question</i>		786



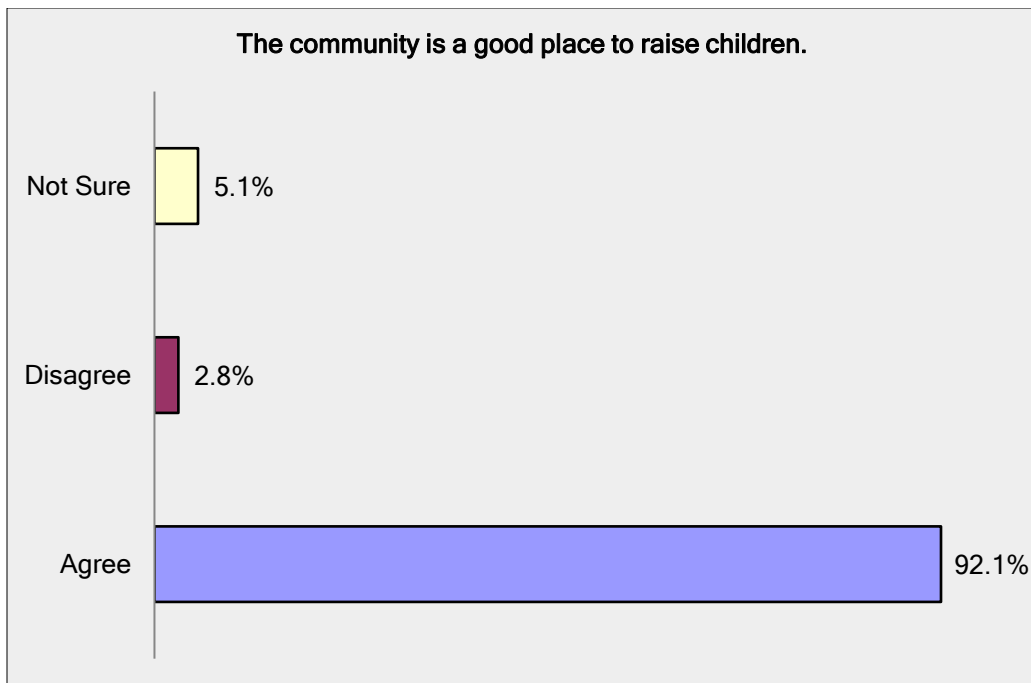
Answer Options	Response Percent	Response Count
Agree	92.0%	728
Disagree	3.3%	26
Not Sure	4.7%	37
<i>answered question</i>		791



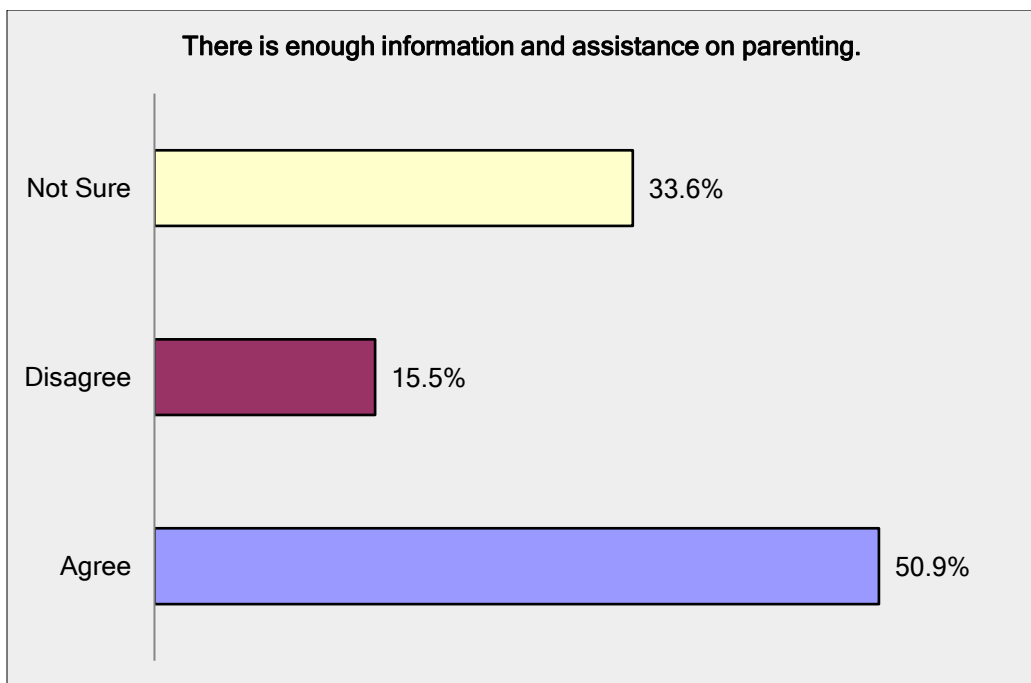
Answer Options	Response Percent	Response Count
Agree	85.2%	672
Disagree	7.0%	55
Not Sure	7.9%	62
<i>answered question</i>		789



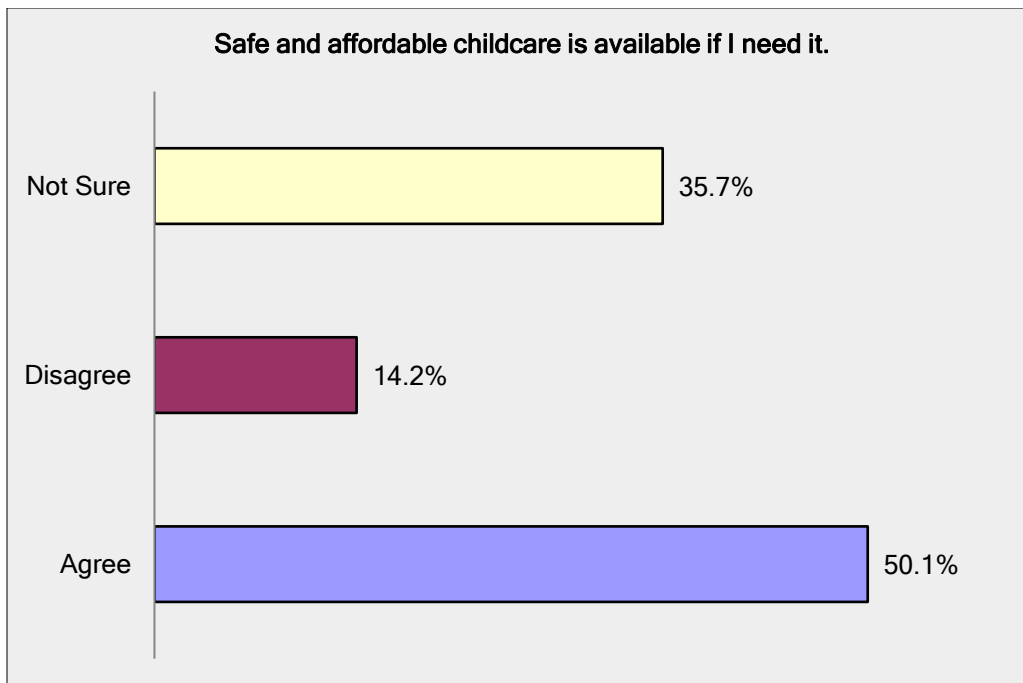
Answer Options	Response Percent	Response Count
Agree	72.4%	573
Disagree	7.5%	59
Not Sure	20.1%	159
<i>answered question</i>		791



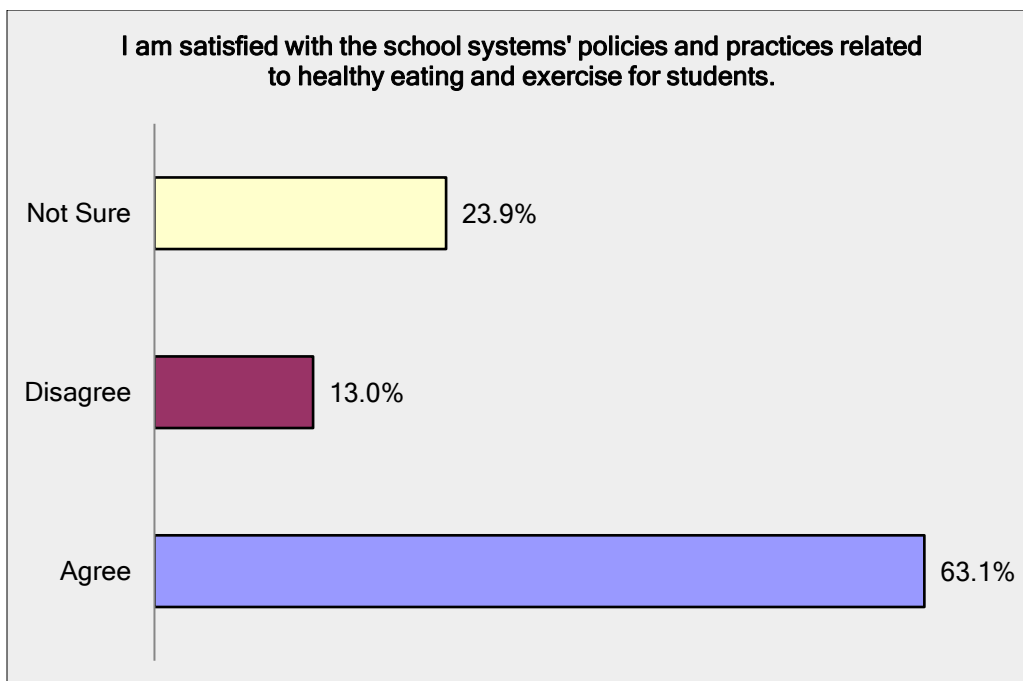
Answer Options	Response Percent	Response Count
Agree	92.1%	724
Disagree	2.8%	22
Not Sure	5.1%	40
<i>answered question</i>		786



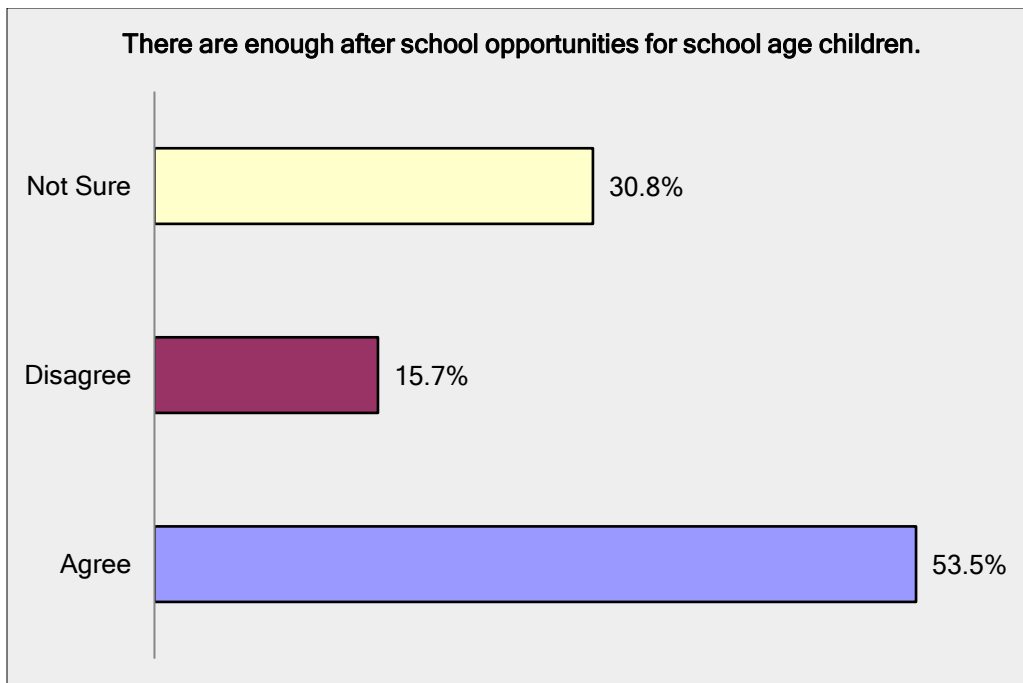
Answer Options	Response Percent	Response Count
Agree	50.9%	398
Disagree	15.5%	121
Not Sure	33.6%	263
<i>answered question</i>		782



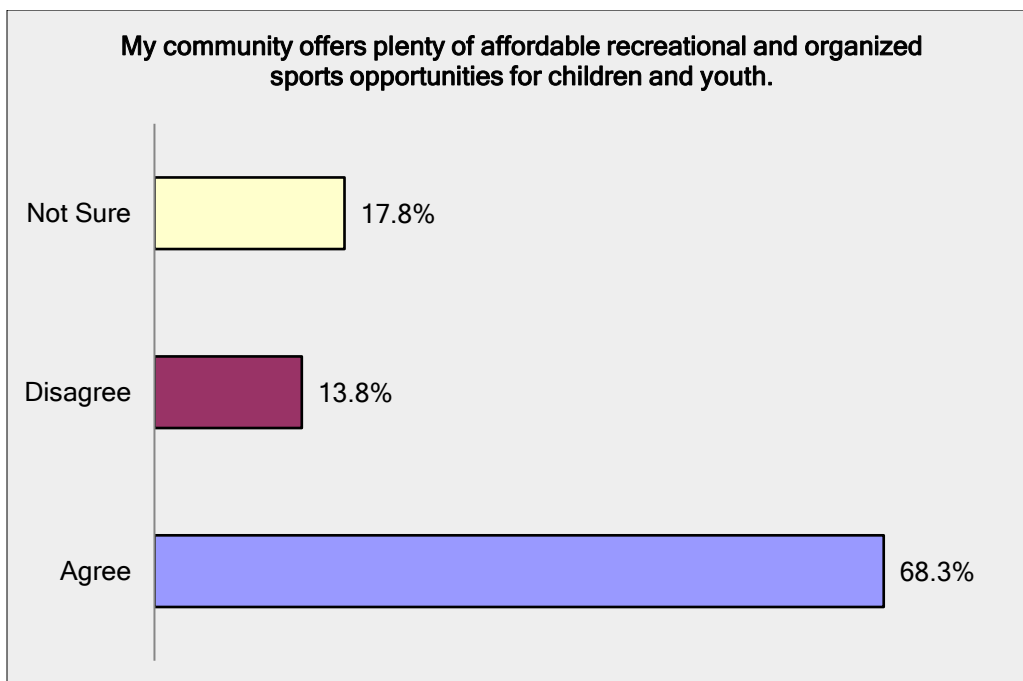
Answer Options	Response Percent	Response Count
Agree	50.1%	388
Disagree	14.2%	110
Not Sure	35.7%	276
<i>answered question</i>		774



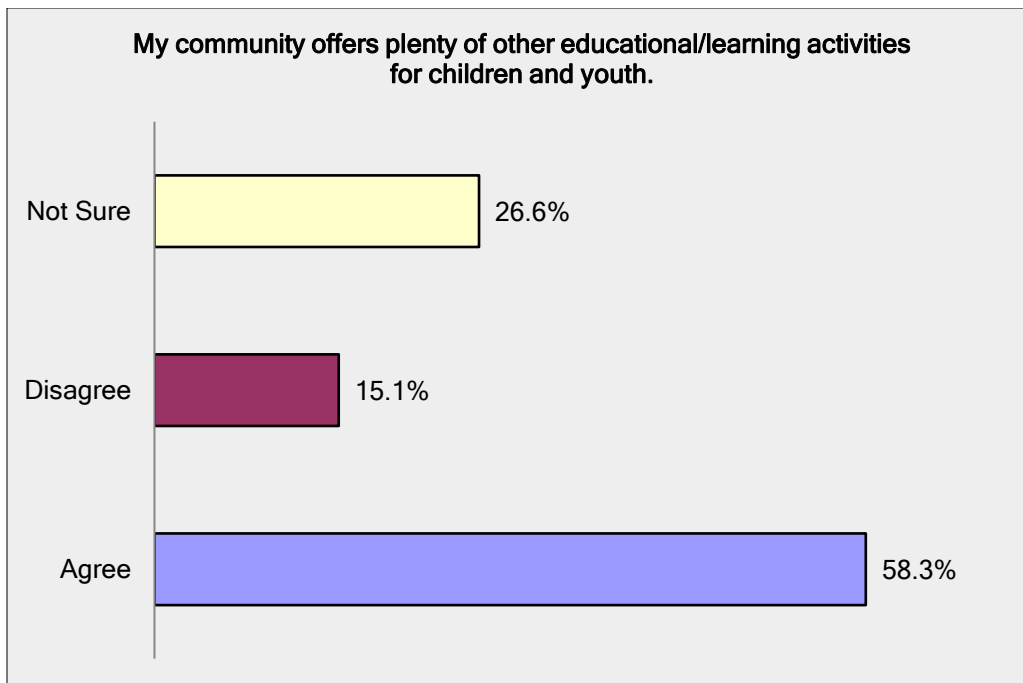
Answer Options	Response Percent	Response Count
Agree	63.1%	490
Disagree	13.0%	101
Not Sure	23.9%	186
<i>answered question</i>		777



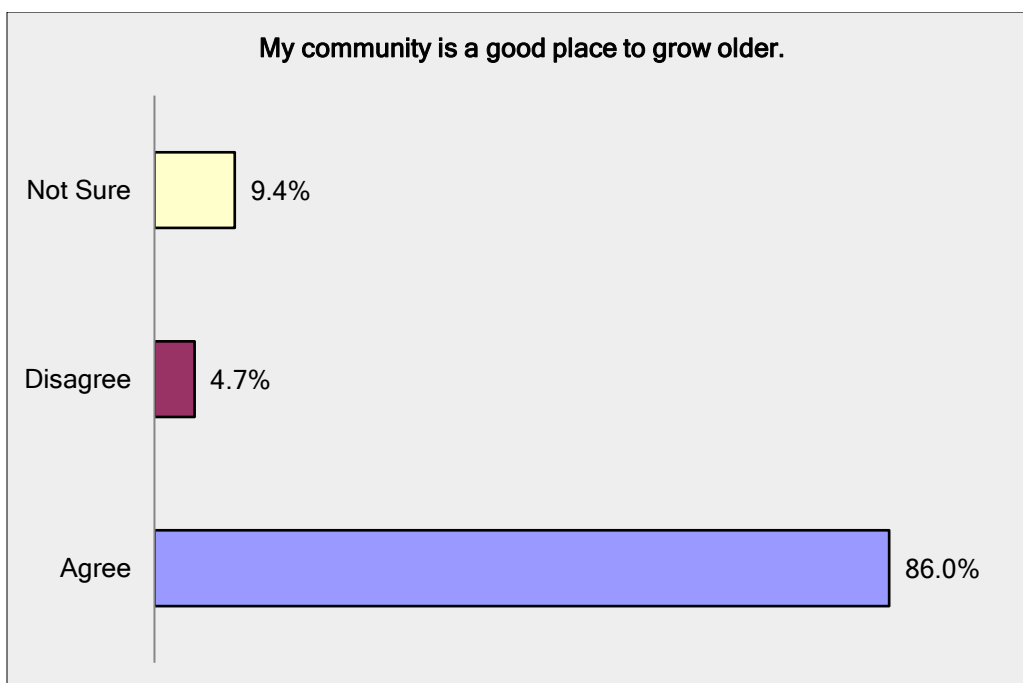
Answer Options	Response Percent	Response Count
Agree	53.5%	416
Disagree	15.7%	122
Not Sure	30.8%	240
<i>answered question</i>		778



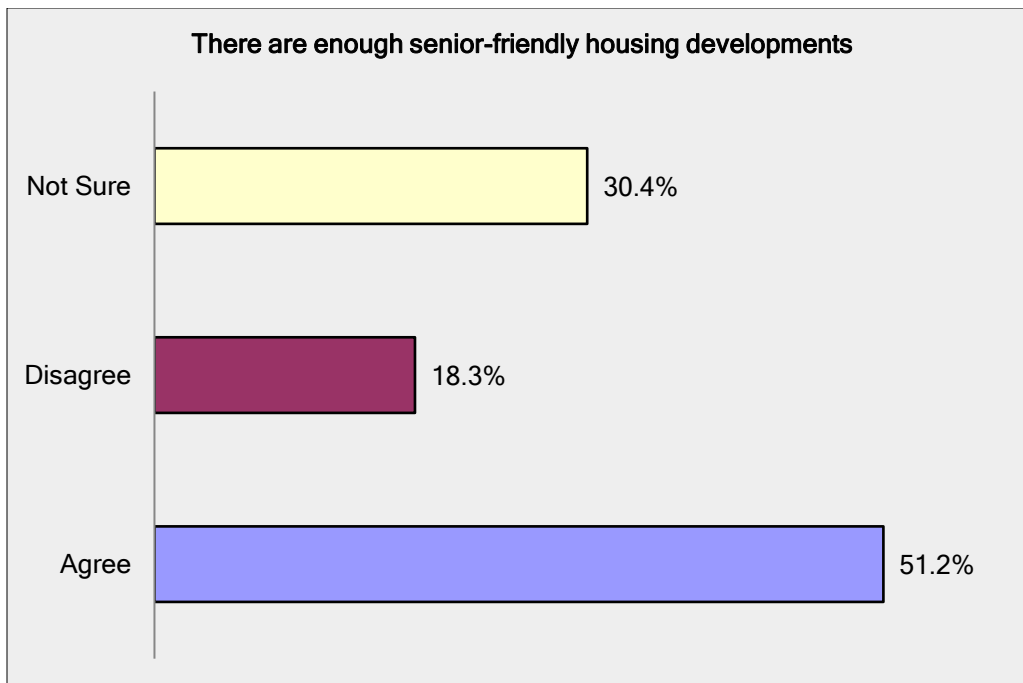
Answer Options	Response Percent	Response Count
Agree	68.3%	533
Disagree	13.8%	108
Not Sure	17.8%	139
<i>answered question</i>		780



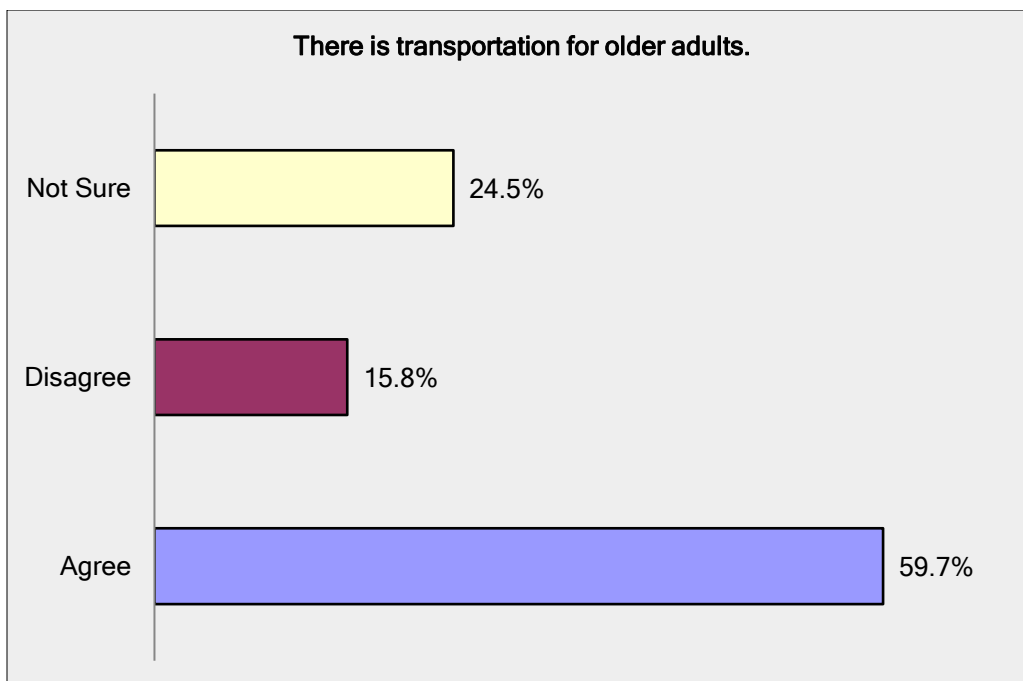
Answer Options	Response Percent	Response Count
Agree	58.3%	454
Disagree	15.1%	118
Not Sure	26.6%	207
<i>answered question</i>		779



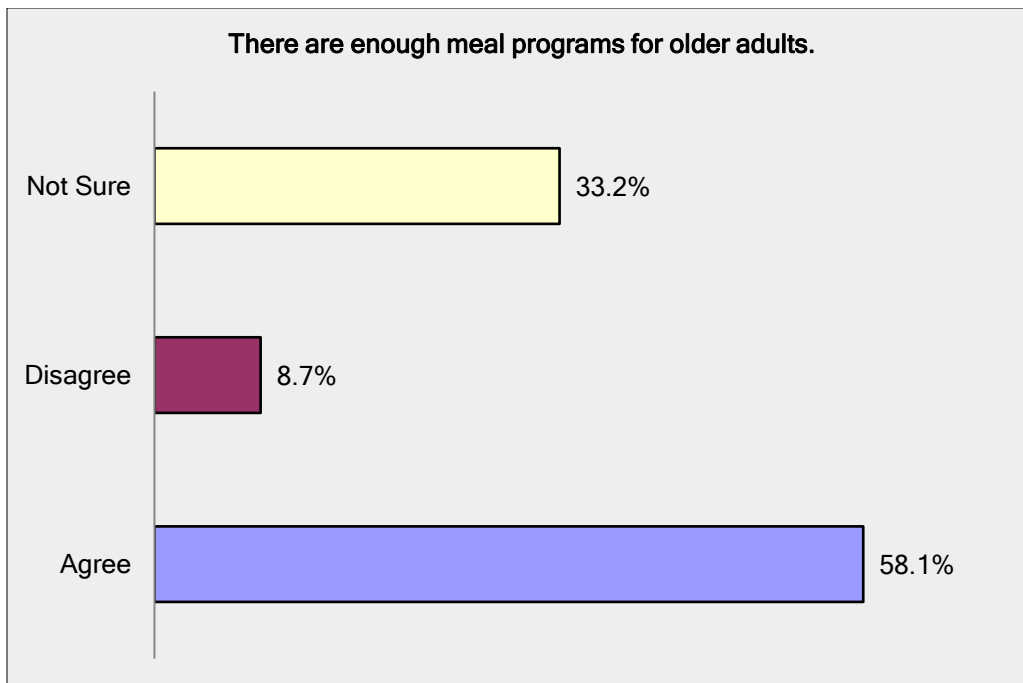
Answer Options	Response Percent	Response Count
Agree	86.0%	662
Disagree	4.7%	36
Not Sure	9.4%	72
<i>answered question</i>		770



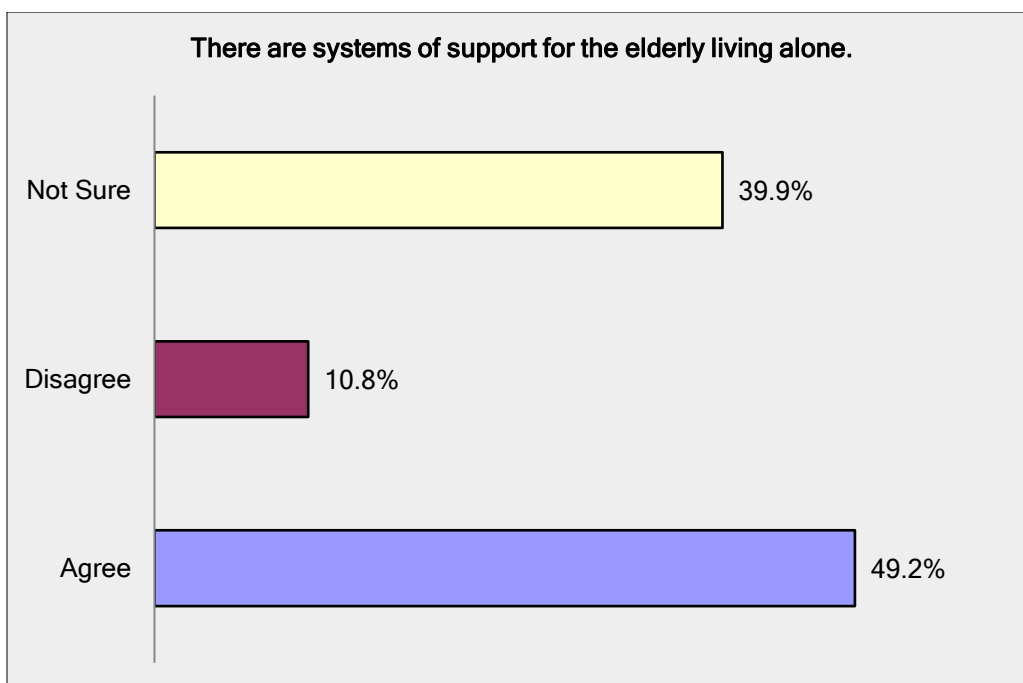
Answer Options	Response Percent	Response Count
Agree	51.2%	394
Disagree	18.3%	141
Not Sure	30.4%	234
<i>answered question</i>		769



Answer Options	Response Percent	Response Count
Agree	59.7%	461
Disagree	15.8%	122
Not Sure	24.5%	189
<i>answered question</i>		772

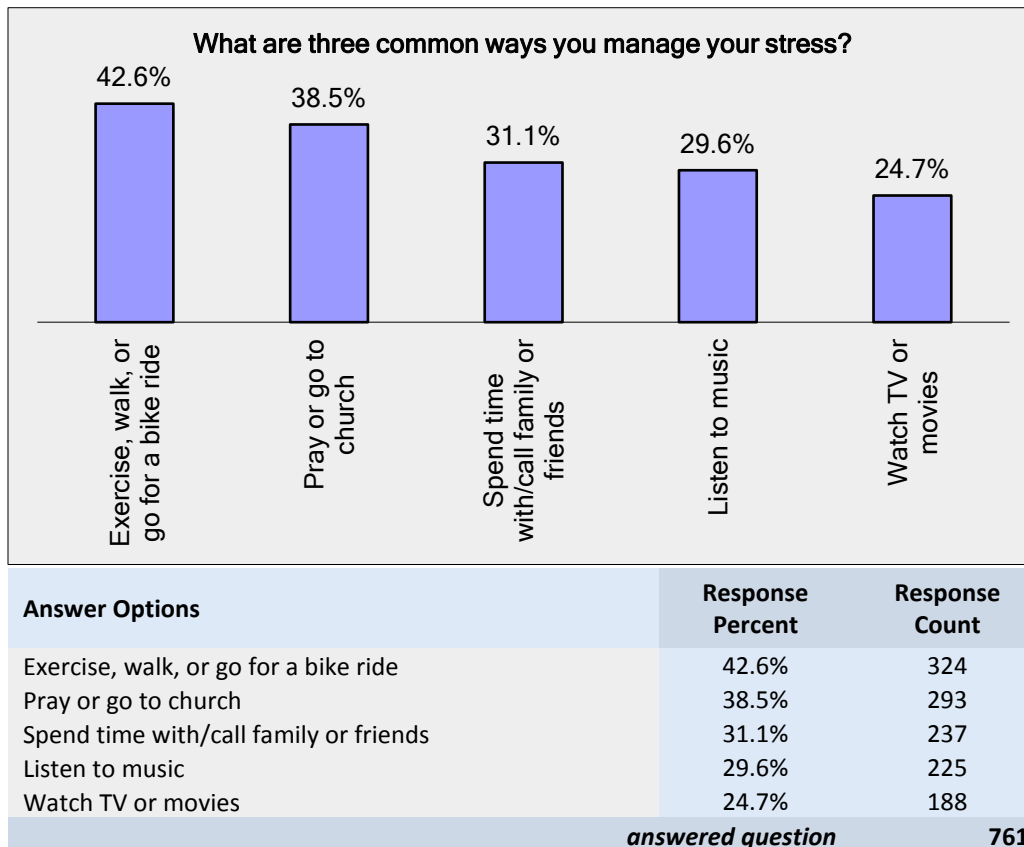
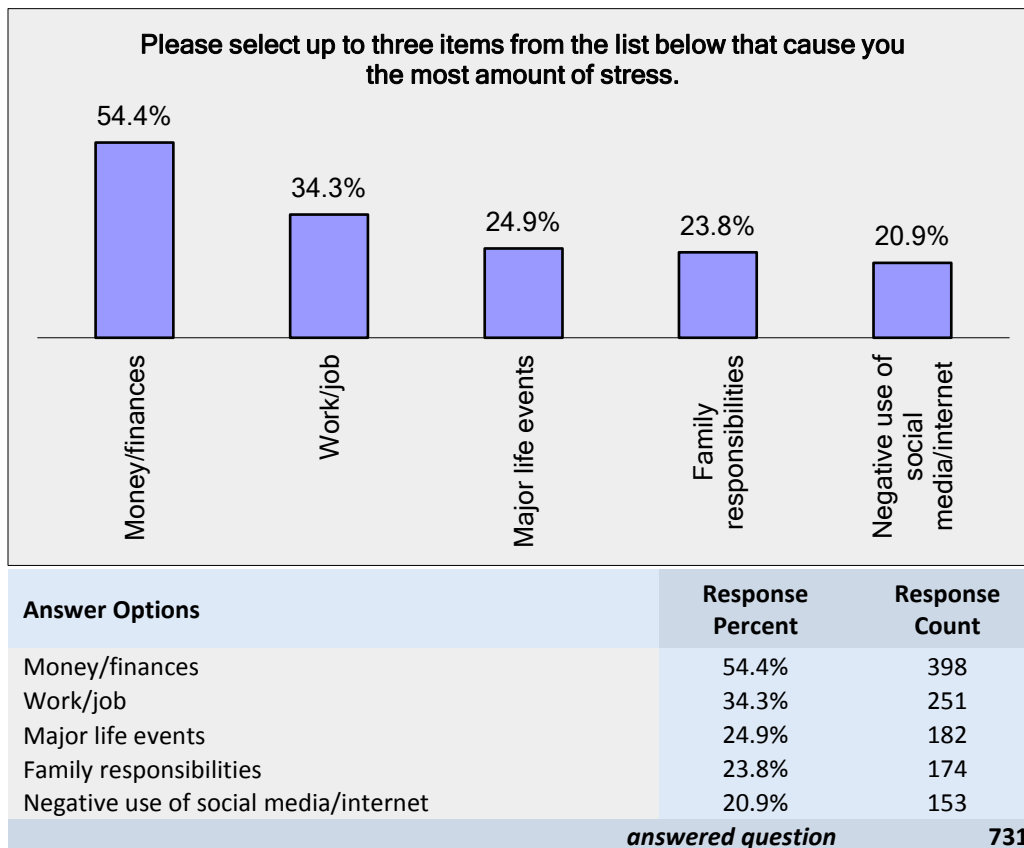


Answer Options	Response Percent	Response Count
Agree	58.1%	447
Disagree	8.7%	67
Not Sure	33.2%	255
<i>answered question</i>		769



Answer Options	Response Percent	Response Count
Agree	49.2%	377
Disagree	10.8%	83
Not Sure	39.9%	306
<i>answered question</i>		766

For the following questions, the top 5 answers are reported.



For the following question, the top 5 answers are reported.

What do you think are the three biggest "health problems" in your community? (Please check only three)		
Answer Options	Response Percent	Response Count
Being overweight	43.1%	326
Cancers	38.2%	289
Alcohol abuse	23.9%	181
Aging problems (arthritis, hearing loss, etc.)	19.0%	144
Suicide	18.7%	141
answered question		756

Survey respondents were also asked about the following health problems:

- Diabetes
- Heart disease and stroke
- Mental health problems
- High blood pressure
- Accidental/unintentional injuries
- Teenage pregnancy
- Childhood abuse/neglect
- Motor vehicle crash injuries
- Access to health care
- Domestic violence
- Respiratory/lung disease
- Dental problems
- Infectious diseases
- Sexually transmitted diseases
- Rape/sexual assault
- Infant death

These health issues, though important, were not considered as important to the residents of the Four Corners District as the five listed in the table above.

For the following question, the top 5 answers are reported.

What do you think are the three most significant "risky behaviors" in your community? (Please check only three)		
Answer Options	Response Percent	Response Count
Illegal drug abuse (marijuana, cocaine, heroin, etc.)	48.4%	365
Alcohol abuse	45.0%	339
Poor eating habits	30.0%	226
Lack of exercise	29.7%	224
Too much screen time (TV, computer, phone, etc.)	28.9%	218
answered question		754

Survey respondents were also asked about the following risky behaviors:

- Tobacco use
- Not getting enough sleep
- Unsafe sex
- Prescription drug abuse
- Not using seat belts and/or child safety seats
- Dropping out of school
- Working too much
- Racism
- Not getting shots to prevent disease

These risky behaviors, while important, were not considered as important to the residents of the Four Corners district as the five listed in the table above.

Of the health problems and risky behaviors that you marked, which one would you suggest the community work on?

Answers to this question were compiled and assembled into a word cloud. A word cloud is an image composed of words used in a particular text or subject, in which the size of each word indicates its frequency or importance. In this instance, the size of the word indicates the number of respondents who answered that particular health issue. The largest words were the most common answers.



Tell us what makes you feel your county is healthy.

Answers to this question were compiled and assembled into a word cloud. A word cloud is an image composed of words used in a particular text or subject, in which the size of each word indicates its frequency or importance. In this instance, the size of the word indicates the number of respondents who answered that particular health issue. The largest words were the most common answers.



Local Public Health System Assessment

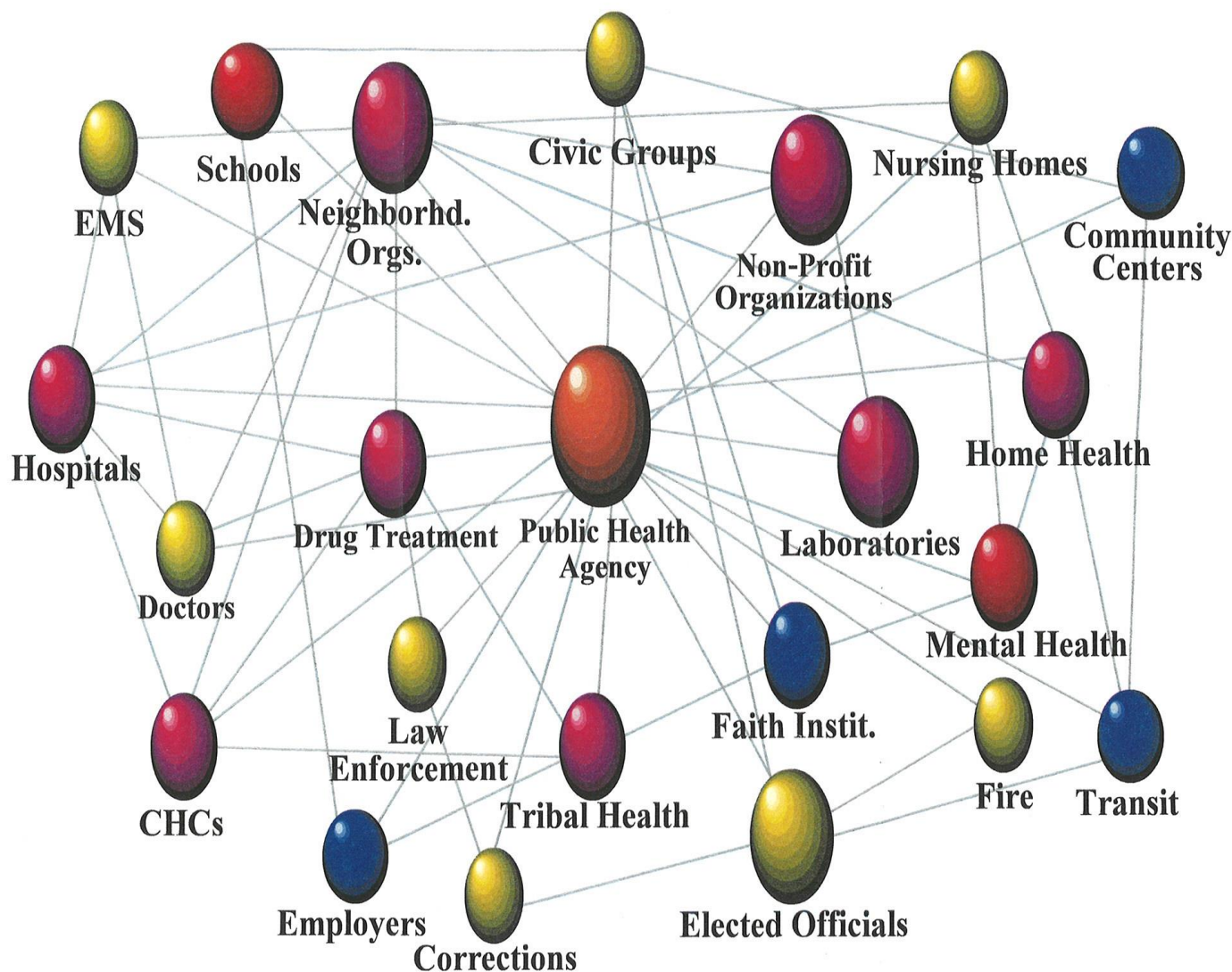
The Local Public Health System Assessment (LPHSA) answers the questions:

“What are the components, activities, competencies, and capacities of our local public health system?”

“How are the 10 Essential Public Health Services being provided to our community?”

The assessment focuses on the “local public health system” which includes all entities that contribute to the delivery of public health services within a community. It includes all public, private, and voluntary entities, as well as individuals and informal associations. It is the collective efforts of these entities, working together, that are measured in the assessment

Local Public Health System Illustration, CDC, <http://www.cdc.gov/od/ocphp/nphpsp/>



The 10 Essential Public Health Services

The Public Health System is assessed through the fundamental framework of the 10 Essential Services. These services are activities that should be provided in all communities. Therefore, the assessment will provide a comprehensive picture of the work of the local public health system.

The 10 Essential Services Include:

- **Monitor** health status to identify community health problems.
- **Diagnose and investigate** health problems and health hazards in the community.
- **Inform, educate, and empower** people about health issues.
- **Mobilize** community partnerships to identify and solve health problems.
- **Develop** policies and plans that support individual and community health efforts.
- **Enforce** laws and regulations that protect health and ensure safety.
- **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
- **Assure** a competent public health and personal health care workforce.
- **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services.
- **Research** for new insights and innovative solutions to health problems

Three community meetings were held to evaluate the services. Twenty-six attendees were present, representing nineteen agencies among the FCHD District. Discussion centered on the essential service and how it is fulfilled in the District. Partner discussion helped to build the knowledge of local public health system partners, as well as the relationships of those present. Respondents were asked to indicate the level of progress they felt the public health system had made toward that service area.

While we are making great strides in each area, there were four areas that partners believe we can work more on. These areas include: research for new insights and innovative solutions to health problems, enforce laws and regulations that protect health and ensure safety, develop policies and plans that support individual and community health efforts, and link people to needed personal health services and assure the provision of health care when otherwise unavailable.

Highlights from each of the discussion sessions include:

Research for New Insights and Innovative Solutions to Health Problems

- We may need to look at more innovative solutions.
- Working with students is key, but it takes time to coordinate.
- We struggle in connecting the public to resources available. The needs of academia are changing. We also have job training needs that aren't available.
- Everyone in the local public health system needs to be on board with research.

Enforce Laws and Regulations that Protect Health and Ensure Safety

- Access to legal counsel for assistance – we have to remember the smaller communities that may not have that legal counsel readily available to them.
- We could do more education on public health laws, regulations, and ordinances.
- How do we best reach everyone?
- How do we effectively get the information where it needs to go?
- We have to remember that there are many types of learning abilities and levels.

Develop Policies and Plans that Support Individual and Community Health Efforts

- The local public health system needs to continuously support the local health department.
- Some partners may not look to the health department until an emergency occurs. We should be more proactive in reaching all partners and smaller communities.
- Increased public health policy development is needed – not just putting policies in place, but enforcement of those policies as well.
- Reaching out to small communities in our District can be difficult. We need to find unique ways to do this.
- There needs to be more community awareness of the Community Health Assessment and Community Health Improvement Plan. When partners are aware of the goals, then everyone can join together to accomplish more. FCHD also needs to know when gaps exist in services...what additional programming is needed in the District?
- We often have trainings within the district, but it's difficult getting the right people to the table.

Link People to Needed Personal Health Services and Assure the Provision of Healthcare when Otherwise Unavailable

- Linking people to services can be difficult. We may not have certain services in our District (substance abuse help, suicide prevention, mental health services). One has to consider transportation issues, payment issues, etc.
- Telehealth technology is there, but more needs to be done.
- It is hard to connect with and communicate with certain populations.
- We all have limited resources – how do we best capitalize on what we have available?

Diagnose and Investigate Health Problems and Health Hazards

- In the future, it may be necessary to track more information for chronic diseases.
- It's important to spread the word about Four Corners and what we do. The community is often aware of specific programs we do, but they aren't familiar with the variety of services that are public health.
- We all know where our book of Emergency Operation Guidelines is, but it's hard to stay refreshed on guidelines when you don't use them. Maybe topics can be pulled out and reviewed on a regular basis (at county meetings, committee meetings, etc.).

Assure a Competent Public Health and Personal Healthcare Workforce

- There is information and data available through our local economic development offices.
- We need to educate our communities about what public health is...Why would I look into working in public health if I don't know what it is?
- The workforce is full of challenges; more retirements, not enough volunteers, assisting people with finding jobs, not enough public health system personnel that are adequately trained and have experience, not enough trainings or the time/money to complete trainings, and we need to promote the value of belonging to professional or community organizations.
- Cultural competency is an area where more training is needed.
- We must consider social determinants of health and how that affects everything. Think about income levels in our district.
- Leadership opportunities are available in the District, but are they well known and do the right people become involved?

Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

- All of the public health system partners have ways of identifying needs, reviewing trends, and identifying gaps in service. We have all grown in our knowledge of evaluation and research.
- The Community Health Assessment and Community Health Improvement Plan is all part of this process.
- The use of technology continues to impact our daily care and quality of care.
- We need to continue improving our communication, connection, and coordination of services throughout the public health system. We all need to contribute resources toward a common goal.

Monitor Health Status to Identify Community Health Problems

- We could do more promotion of the CHA and CHIP (use a variety of methods to disperse the information). Create a shortened version to have out in the community. Think about the public...Why should they pick it up and read it?
- Make the CHA and CHIP more eye catching. Use more technology pieces to do so.
- Positive, consistent messaging is critical.
- Think about those community groups that we may not always reach – Low income, Hispanic, Homeschool groups, rural farming communities, homeless, elderly and families that don't have community connections, the people in our small rural towns.

Inform, Educate, and Empower People About Health Issues

- Providing ongoing data and related recommendations for health promotion policies – we need to do a better job of doing so. Message needs to be trusted and put into a usable form.
- There are times when we have one resource, but not others to carry out the process of the message/activities reaching the community.
- Until someone needs a resource, they may not be looking for more information about it.

Mobilize Community Partnerships to Identify and Solve Health Problems

- Directory of Community Organizations – we need to keep these resources updated.
- Public health forums – something to consider.
- Working together – we must support each other across the district.

Community Health Status Assessment

This assessment answers the questions:

“How healthy are our residents?”

“What does the health status of our community look like?”

During this assessment, information regarding health status, quality of life, and risk factors in the community is gathered and analyzed. Examples of the data collected includes: demographic characteristics, socioeconomic characteristics, health resource availability, quality of life, behavioral risk factors, environmental health indicators, social and mental health, maternal and child health, death, illness, and injury.

Four meetings were held across the District to review data and information. One of the limitations noted during the data collection process was that most local health departments have limited county-level or district-level data. Many resources were utilized during the data collection process including the Nebraska Department of Health and Human Services, County Health Rankings, Healthy People 2020, US Census, and Centers for Disease Control.

As the data was reviewed, each attendee was asked which items they would like to carry on for the community health improvement planning phase. This discussion generated the following list:

Suicide

Motor vehicle crashes and deaths – seatbelt use, texting while driving

Coronary Heart Disease and Stroke

Diabetes

Cancer – promoting cancer screenings

Alcohol Use/Abuse

Drug Abuse – both illegal use and prescription drug abuse

Low Birth Weight/Fetal mortality

Promote flu and pneumonia vaccinations

Bullying

Violence/sexual assaults

Mental Health/Behavioral Health – includes depression and stress-related conditions

Healthy Parenting

Healthy Lifestyles – including nutrition and physical activity

Asthma

Overweight/Obesity – both children and adults

Availability of safe, accessible, and affordable daycare

Senior housing and transportation

Alzheimer's

Bed bugs

Drinking water safety

Promote breastfeeding

Community Health Status Assessment 2016

Population Characteristics – 2000, 2010, 2014

	2000		2010		% Change in Population*	2014		% Change in Population**
	Population	% of Total	Population	% of Total		Population	% of Total	
FCHD Total	45,500	100.0%	44,216	100.0%	-2.8%	44,587	100.0%	0.8%
Gender								
Female	22,848	50.2%	22,112	50.0%	-3.2%	22,361	50.2%	1.1%
Male	22,652	49.8%	22,104	50.0%	-2.4%	22,226	49.8%	0.6%
Age								
Under 5 years	2,663	5.9%	2,704	6.1%	1.5%	2,708	6.1%	0.1%
5 - 14 years	6,611	14.5%	5,791	13.1%	-12.4%	5,779	13.0%	-0.2%
15 - 24 years	6,943	15.3%	6,109	13.8%	-12.0%	6,484	14.5%	6.1%
25 - 44 years	11,360	25.0%	9,328	21.1%	-17.9%	9,405	21.1%	0.8%
45 - 64 years	10,128	22.3%	12,578	28.4%	24.2%	12,011	26.9%	-4.5%
65 - 84 years	6,502	14.3%	6,343	14.3%	-2.4%	6,751	15.1%	6.4%
85 and older	1,293	2.8%	1,363	3.1%	5.4%	1,449	3.2%	6.3%
Race/Ethnicity								
White, NH***	44,229	97.2%	42,155	95.3%	-4.7%	41,914	94.0%	-0.6%
African American, NH	191	0.4%	238	0.5%	24.6%	335	0.8%	40.8%
Native American, NH	86	0.2%	117	0.3%	36.0%	167	0.4%	42.7%
Asian/Pacific Islander, NH	144	0.3%	171	0.4%	18.8%	232	0.5%	35.7%
Other, NH****	11	0.0%	34	0.1%	209.1%	0	0.0%	
2+ Races, NH	249	0.5%	323	0.7%	29.7%	428	1.0%	32.5%
Hispanic	590	1.3%	1,178	2.7%	99.7%	1,511	3.4%	28.3%
Minority*****	1,271	2.8%	2,061	4.7%	62.2%	2,673	6.0%	29.7%

* Change in population from 2000 to 2010

** Change in population from 2010 to 2014

*** NH=Non-Hispanic

**** For 2014, the estimates program forced "Other" into specific race categories.

***** Reflects those who are not "White, NH"

^Four Corners Health Department includes Butler, Polk, Seward, and York Counties

Source: U.S. Census

County Demographics – 2014

	Butler	Polk	Seward	York
Total Population	8,249	5,271	17,150	13,917
Population by Age				
Under 5 years	477	298	1,010	923
5 - 14 years	1,100	696	2,259	1,724
15 - 24 years	961	604	3,040	1,879
25 - 44 years	1,652	1,042	3,598	3,113
45 - 64 years	2,357	1,565	4,392	3,697
65 - 84 years	1,384	862	2,388	2,117
85 and older	318	204	463	464
Population by Race				
White, NH	7,959	5,031	16,214	12,745
African American, NH	67	3	87	70
American Indian or Alaska Native, NH	24	5	17	55
Asian, NH	19	9	86	32
Native Hawaiian and Other Pacific Islander, NH	0	0	0	37
Hispanic or Latino	224	180	339	603
Other, NH	0	25	0	0
2+ races, NH	19	54	193	255
Population by Gender				
Male	4,191	2,625	8,770	6,775
Female	4,058	2,646	8,380	7,142

Community Socioeconomic Characteristics

	Butler	Polk	Seward	York	FCHD	Nebraska
Median household income (2009-2013)	\$50,247	\$52,848	\$59,435	\$49,633	\$53,868	\$51,370
Per Capita Income (2009-2013)	\$27,763	\$27,639	\$28,359	\$28,207	\$28,098	\$26,930
Unemployment (2013)	3.2%	3.3%	3.7%	3.7%	3.5%	3.9%
Percent of population below 100% of poverty level (2009-2013)	9.4%	8.3%	8.8%	8.9%	8.9%	13.1%
Percent of population <18 years old below 100% poverty level (2009-2013)	11.6%	8.7%	8.7%	9.3%	9.4%	17.4%
Percent of children receiving free or reduced lunch (2011-2012)	35.1%	38.5%	23.9%	36.0%	31.7%	45.3%
Number of WIC recipients (2011)	217	120	311	481	1,129	75,263
Medicaid eligible (2011)	797	437	1,239	1,539	4,012	233,753

Overall Birth and Death Rates in Nebraska and Four Corners Health Department District

FCHD	Year	Population	Births	Deaths	FCHD Birth Rate per 1000	FCHD Death Rate per 1000
	2007	44,390.0	525.0	473.0	11.8	10.7
	2008	44,291.0	520.0	437.0	11.7	9.9
	2009	44,021.0	539.0	448.0	12.2	10.2
	2010	44,192.0	495.0	487.0	11.2	11.0
	2011	44,120.0	529.0	481.0	12.0	10.9
	2012	44,370.0	515.0	481.0	11.6	10.8
	2013	44,501.0	499.0	466.0	11.2	10.5
	2014	44,587.0	551.0	483.0	12.4	10.8
Nebraska	Year	Population	Births	Deaths	Birth Rate per 1000	Death Rate per 1000
	2007	1,783,440	26,935	15,256	15.10	8.55
	2008	1,796,378	26,992	15,451	15.03	8.60
	2009	1,812,683	26,931	14,803	14.86	8.17
	2010	1,829,865	25,916	15,171	14.16	8.29
	2011	1,842,232	25,722	15,473	13.96	8.40
	2012	1,855,487	25,939	15,654	13.98	8.44
	2013	1,868,969	26,094	15,745	13.96	8.42
	2014	1,881,503	26,794	15,965	14.24	8.49

Leading Cause of Death in Four Corners Health Department District

2005-2009 Combined				2010-2014 Combined			
Rank	Cause of Death	Number Deaths	% of Total	Rank	Cause of Death	Number Deaths	% of Total
1	Heart Disease	706	30.4%	1	Heart Disease	597	24.9%
2	Cancer	486	20.9%	2	Cancer	509	21.2%
3	Stroke	136	5.9%	3	Stroke	135	5.6%
4	Alzheimer's	124	5.3%	4	Alzheimer's	105	4.4%
5	Chronic Lung	95	4.1%	5	Unintentional Injury	105	4.4%
6	Unintentional Injury	87	3.8%	6	Chronic Lung	104	4.3%
7	Diabetes	72	3.1%	7	Diabetes	63	2.6%
8	Pneumonia	44	1.9%	8	Parkinson's	46	1.9%
9	Kidney Disease	37	1.6%	9	Kidney Disease	45	1.9%
10	Parkinson's	27	1.2%	10	Hypertension	42	1.8%
	Total	2,320			Total	2,398	

Source: Nebraska Vital Records

*Four Corners Health Department includes Butler, Polk, Seward, and York Counties

Seven Leading Causes of Death in Four Corners Health Department and Nebraska, 2014

Four Corners Health Department				Nebraska			
Rank	Cause of Death	Number Deaths	% of Total	Rank	Cause of Death	Number Deaths	% of Total
1	Heart Disease	107	22.2%	1	Cancer	3,459	21.7%
2	Cancer	96	19.9%	2	Heart Disease	3,290	20.1%
3	Chronic Lung	35	7.2%	3	Chronic Lung	1,028	6.4%
4	Stroke	25	5.2%	4	Stroke	797	5.0%
5	Unintentional Injury	22	4.6%	5	Unintentional Injury	777	4.9%
6	Alzheimer's	19	3.9%	6	Alzheimer's	515	3.2%
7	Diabetes	18	3.7%	7	Diabetes	472	3.0%
	Other	161	33.3%		Other	5,627	35.2%
	Total	483			Total	15,965	

Source: Nebraska Vital Records

*Four Corners Health Department includes Butler, Polk, Seward, and York Counties

Death, Illness, and Injury

	Butler	Polk	Seward	York	FCHD	Nebraska
Prevalence of diabetes among adults (2012)	8.4%	9.7%	7.9%	8.7%	8.45%	7.4%
Diabetes related deaths – rate/100,000 (2009-2013)	13.3	18.7	14.2	23.2	17.36	21
Deaths due to coronary heart disease – rate/100,000 (2009-2013)	205.3	188.1	162.7	139.5	166.48	146
Deaths due to stroke – rate/100,000 (2009-2013)	34.1	49.9	32.1	40.5	37.14	36.9
Unintentional injury deaths – rate/100,000 (2009-2013)	39.9	32.2	35.2	40.3	37.35	35.3
Pediatric asthma – estimated cases (2012)	138	89	270	213	710	32,091
Adult asthma – estimated cases (2012)	457	293	960	781	2,491	103,000
COPD – estimated cases (2012)	388	249	720	619	1,976	74,128

Health Resource Availability

	FCHD	Nebraska
No healthcare coverage, ages 18-64		
2011	15.6%	19.1%
2012	17.3%	18.0%
2013	8.2%	17.6%
2014	12.0%	15.3%
No personal healthcare provider		
2011	11.0%	18.4%
2012	10.7%	17.2%
2013	12.3%	20.9%
2014	16.3%	20.2%
Unable to see a doctor due to cost in past year		
2011	10.0%	12.5%
2012	10.8%	12.8%
2013	6.6%	13.0%
2014	9.1%	11.9%
Visited the doctor in the last 12 months		
2011	56.6%	57.7%
2012	58.7%	60.4%
2013	63.8%	61.6%
2014	60.8%	63.3%

Quality of Life

	FCHD	Nebraska
General health, fair or poor		
2011	15.2%	14.3%
2012	12.4%	14.4%
2013	11.0%	13.9%
2014	12.7%	13.2%
Physical health was not good on 14 or more of the past 30 days		
2011	9.3%	9.6%
2012	8.3%	9.8%
2013	9.9%	9.2%
2014	9.9%	9.0%
Mental health was not good on 14 or more of the past 30 days		
2011	7.8%	9.2%
2012	7.9%	9.0%
2013	6.8%	8.9%
2014	7.9%	8.2%

Social and Mental Health

	FCHD	Nebraska
Drug-induced death rate per 100,000 population		
2011	0.0	6.4
2012	4.6	6.8
2013	2.9	5.9
2014	0.0	6.2
Frequent mental distress in the past 30 days (adults 18+)		
2011	7.8%	9.2%
2012	9.0%	7.9%
2013	6.8%	8.9%
2014	7.9%	8.2%
Suicide death rate per 100,000 population		
2011	11.5	10.0
2012	2.7	12.5
2013	11.0	11.6
2014	21.1	13.3

Due to the small number of people represented in each of these categories, normal year-to-year fluctuations can appear to cause large variations in the data.

	Butler	Polk	Seward	York	FCHD	Nebraska
Suicide mortality – deaths/100,000 (2009-2013)	8.1	0.0	12.8	7.6	8.81	10.7

2012 Community Health Improvement Plan Strategies – Data Update

Healthy Lifestyles (nutrition/physical activity)

	FCHD	Nebraska
Adults who are Obese (BMI=30+)		
2011	28.3%	28.4%
2012	27.6%	28.6%
2013	32.4%	29.6%
2014	31.2%	30.3%
Adults who are Overweight or Obese (BMI=25+)		
2011	66.1%	64.9%
2012	63.7%	65.0%
2013	68.9%	65.5%
2014	72.8%	66.7%
Consumed fruits less than 1 time per day		
2011	42.0%	40.1%
2013	40.3%	39.7%
Consumed vegetables less than 1 time per day		
2011	26.1%	26.2%
2013	26.7%	23.3%
No leisure-time physical activity in last 30 days		
2011	26.1%	26.3%
2012	20.7%	21.0%
2013	25.4%	25.3%
2014	21.9%	21.3%
Met both aerobic physical activity and muscle strengthening recommendations		
2011	16.9%	19.0%
2013	16.0%	18.8%

Motor Vehicle Crashes and Deaths

	FCHD	Nebraska
Adults who always wear a seatbelt when driving or riding in a car		
2011	65.6%	71.3%
2012	62.4%	69.7%
2013	72.6%	74.1%
2014	63.1%	72.4%
Adults who texted while driving in past 30 days		
2012	28.7%	26.8%
Adults who talked on a cell phone while driving in past 30 days		
2012	72.2%	69.1%

	Butler	Polk	Seward	York	FCHD	Nebraska
Motor vehicle crash deaths and rates – rate/100,000 (2010-2014)	12.0	26.4	28.3	27.5	24.8	11.0

Breast, Colon, Prostate, and Lung Cancer

	FCHD	Nebraska
Up-to-date on colon cancer screening, 50-75 year olds		
2012	61.5%	61.1%
2013	61.1%	62.8%
2014	64.9%	64.1%
Up-to-date on breast cancer screening, female 50-74 year olds		
2012	74.4%	74.9%
2014	74.8%	76.1%
Up-to-date on cervical cancer screening, female 21-65 year olds		
2012	82.8%	83.9%
2014	76.3%	81.7%

Colon Cancer Screening includes: Blood Stool Test and Sigmoidoscopy or Colonoscopy

Breast Cancer Screening includes: Mammogram and Clinical Breast Exam

Cervical Cancer Screening includes: Pap Test

	Butler	Polk	Seward	York	FCHD	Nebraska
Incidence of cancer (all sites) – rate/100,000 (2008-2012)	406.4	413.5	454.9	398.3	422.3	451.9
Deaths due to cancer (all sites) – rate/100,000 (2008-2012)	160.3	174.1	157.7	162.7	161.8	165.9

FCHD and Nebraska Cancer Incidence (Number of Cases and Rates) – rate/100,000 (2008-2012)

	FCHD		Nebraska	
	Number	Rate	Number	Rate
All Sites	1,226	422.3*	45,291	451.9
Lung and Bronchus	116	39.2*	5,928	58.9
Female Breast	172	114.5	6,415	122.7
Colon and Rectum (Colorectal)	130	41.7	4,667	46.1
Prostate	176	124.3	5,954	125.7
Urinary Bladder	68	21.8	1,996	19.8
Non-Hodgkin Lymphoma	57	20.1	2,016	20.1
Leukemia	35	12.1	1,325	13.2
Kidney and Renal Pelvis	49	16.8	1,656	16.5
Melanoma of the Skin	51	18.9	1,781	18.4
Pediatric	7	11.4	503	19.5

*Local rate is significantly lower than the state rate

FCHD and Nebraska Cancer Mortality (Number of Cases and Rates) – rate/100,000
(2008-2012)

	FCHD		Nebraska	
	Number	Rate	Number	Rate
All Sites	503	161.8	17,034	165.9
Lung and Bronchus	100	33.6*	4,463	44.1
Female Breast	45	26.5	1,118	19.7
Colon and Rectum (Colorectal)	51	16.0	1,763	16.9
Prostate	24	16.9	930	22.0
Urinary Bladder	9	2.9	426	4.0
Non-Hodgkin Lymphoma	23	7.1	653	6.3
Leukemia	24	7.6	728	7.1
Kidney and Renal Pelvis	23	7.2	460	4.4
Melanoma of the Skin	14	4.4	315	3.1
Pediatric	0	0.0	74	2.9

*Local rate is significantly lower than the state rate

Tobacco and Alcohol Use

	FCHD	Nebraska
Current cigarette smoking		
2011	19.2%	20.0%
2012	17.0%	19.7%
2013	11.9%	18.5%
2014	15.7%	17.4%
Current smokeless tobacco use		
2011	5.4%	5.6%
2012	6.8%	5.1%
2013	5.2%	5.3%
2014	6.7%	4.7%
Heavy drinking in past 30 days (men)		
2011	7.8%	9.2%
2012	11.5%	8.5%
2013	1.5%	7.3%
2014	9.9%	7.5%
Heavy drinking in past 30 days (women)		
2011	5.3%	5.9%
2012	4.1%	5.9%
2013	2.2%	6.3%
2014	5.4%	5.3%
Alcohol impaired driving in past 30 days		
2012	5.7%	3.4%
2014	2.1%	2.5%

	Butler	Polk	Seward	York	FCHD	Nebraska
Tobacco related deaths – rate/100,000 (2007-2011)	100.1	94.7	86.1	80.1	87.7	110.1
Alcohol related deaths – rate/100,000 (2007-2011)	21.1	20.9	28.0	21.6	23.2	29.4

Maternal and Child Health

	Butler	Polk	Seward	York	FCHD	Nebraska
Number of teen births (2010-2014)	12	10	37	64	123	8,383
Teen birth rate – rate/1,000 population (2009-2013)	3.8	4.0	4.0	8.2	5.4	7.1
Incidence of preterm births – % of births (2007-2011)	11.1%	7.9%	9.5%	7.7%	9.0%	9.6%

	FCHD	Nebraska
First trimester prenatal care		
2011	72.8%	75.1%
2012	69.8%	74.7%
2013	72.1%	73.1%
2014	74.7%	71.5%
Low birth weight births – % of live births weighing less than 5.5 pounds		
2011	4.2%	6.6%
2012	5.2%	6.7%
2013	7.0%	6.5%
2014	8.0%	6.7%
Infant mortality – rate/1,000 live births (infant death in the first year of life)		
2011	7.6	5.6
2012	0.0	4.6
2013	4.0	5.3
2014	3.6	5.1
Fetal mortality – rate/1,000 live births (fetal death during pregnancy, at or after 20 weeks gestation)		
2011	1.9	4.7
2012	3.9	5.6
2013	6.0	5.2
2014	12.5	5.8

Health Department Investigations – Confirmed, Probable, and Suspect Cases

Condition	2012	2013	2014	2015
Animal Exposure (bite or nonbite) and Rabies, animal	47	47	52	62
Campylobacteriosis	16	21	15	12
Cryptosporidiosis, Cyclosporiasis, Giardiasis, Noroviruses, Salmonellosis, Shiga toxin-producing E. coli, Shigellosis	23	19	18	37
Group A Streptococcus (invasive), Strep (other, invasive), Streptococcus pneumoniae (invasive disease), Toxic-shock syndrome (staphylococcal), Group B Streptococcus (invasive)	1	5	0	5
Hepatitis B virus infection, chronic	0	1	0	0
Hepatitis C virus infection, chronic or resolved	17	14	17	6
Histoplasmosis	1	0	1	3
Child Lead Poisoning	0	0	1	0
Pertussis (includes confirmed, probable, & suspect)	2	25	25	17
Rocky Mountain Spotted Fever, Tularemia	2	0	0	0
Tuberculosis	0	0	1	0
Varicella (Chickenpox)	0	0	1	0
Viral Hemorrhagic Fever Monitoring (Ebola monitoring)	0	0	0	1
West Nile Fever	9	8	6	3
West Nile, Encephalitis/Meningitis	3	2	0	1

Infectious Disease

	FCHD	Nebraska
Had a flu vaccination in past year, age 18+		
2011	36.7%	41.1%
2012	42.2%	42.2%
2013	44.9%	45.2%
2014	41.0%	43.9%
Had a flu vaccination in past year, age 65+		
2011	56.6%	61.8%
2012	65.8%	62.9%
2013	64.2%	66.2%
2014	58.8%	64.8%
Had a pneumonia vaccination, age 65+		
2011	64.6%	70.3%
2012	68.3%	70.0%
2013	68.8%	71.7%
2014	68.0%	72.3%
Chlamydia Incidence Rate – rate/100,000		
2005-2009	60.4	298.5
2010-2014	105.9	359.1
Gonorrhea Incidence Rate – rate/100,000		
2005-2009	14.4	76.8
2010-2014	14.4	73.6
Syphilis Incidence Rate – rate/100,000 (includes primary and secondary syphilis)		
2005-2009	0	0.4
2010-2014	0.9	1.8

2014 Nebraska Risk and Protective Factor Student Survey (NRPFSS)

The NRPFSS targets Nebraska students in grades 6, 8, 10, and 12 with a goal of providing schools and communities with local-level data. As a result, the NRPFSS is implemented as a census survey, meaning that every public and non-public school with an eligible grade can choose to participate. The survey is designed to assess adolescent substance use, delinquent behavior, and many of the risk and protective factors that predict adolescent problem behaviors. The Nebraska survey is adapted from a national, scientifically-validated survey and contains information on the risk and protective factors that are locally actionable. These risk and protective factors are also highly correlated with substance abuse as well as delinquency, teen pregnancy, school dropout, and violence.

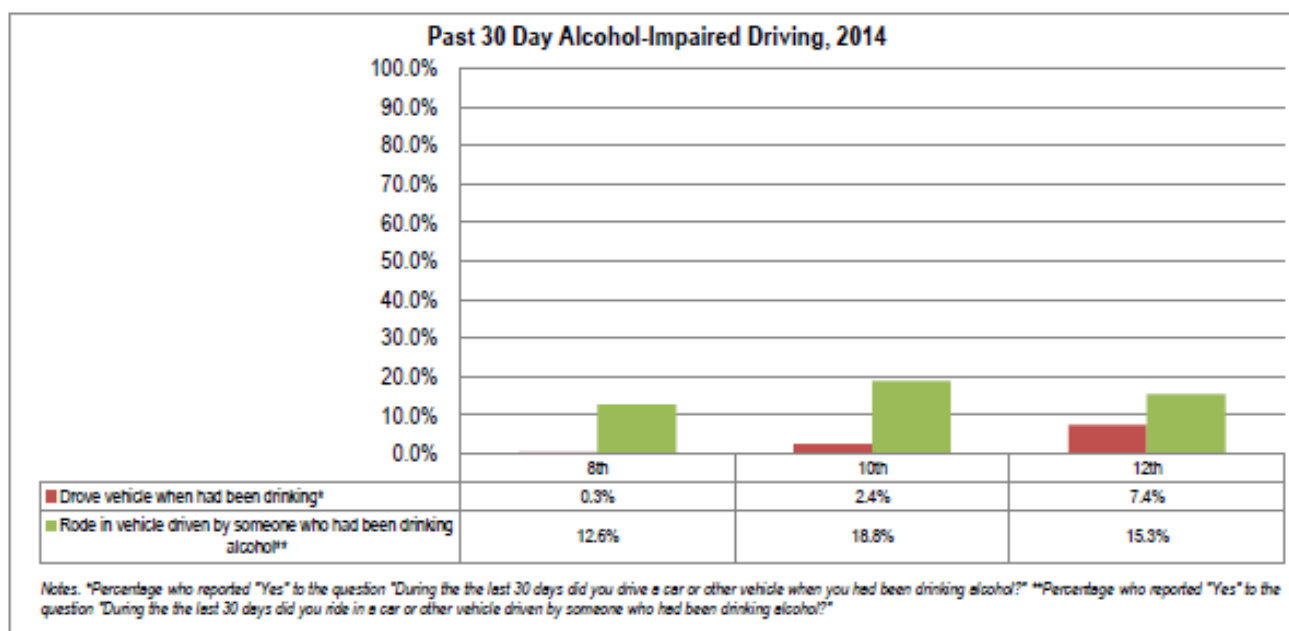
	FCHD		Nebraska	
	Number	Percent	Number	Percent
Grade				
8 th	359	32.7%	10985	42.3%
10 th	382	34.8%	8080	31.1%
12 th	349	31.8%	6773	26.1%
Unknown	9	0.8%	150	0.6%
Gender				
Male	592	53.9%	12962	49.9%
Female	505	46.0%	12981	49.9%
Unknown	2	0.2%	45	0.2%
Race/Ethnicity				
Hispanic	60	5.5%	4020	15.5%
African American	17	1.5%	814	3.1%
Asian	11	1.0%	515	2.0%
American Indian	21	1.9%	776	3.0%
Pacific Islander	2	0.2%	94	0.4%
Alaska Native	0	0.0%	23	0.1%
White	973	88.5%	19346	74.4%
Other	13	1.2%	330	1.3%
Unknown	2	0.2%	69	0.3%

Substance Use

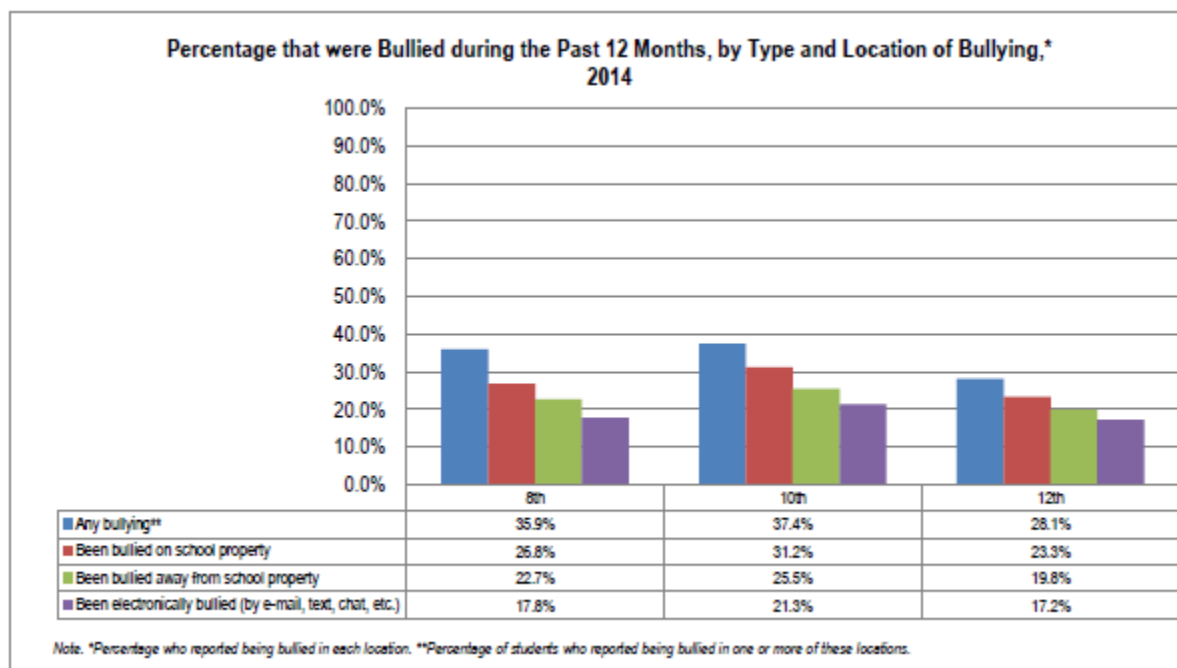
Top 2 Sources for Obtaining Cigarettes, among students who reported smoking during the past 30 days, 2014:
 Borrowed them from someone else
 Gave someone money to buy them for me

Top 3 Sources for Obtaining Alcohol, among students who reported drinking during the past 30 days, 2014:
 Got it at a party
 Took it from home without my parent's permission
 Gave someone money to buy it for me

Past 30 Day Alcohol-Impaired Driving



Bullying



Data Sources:

Four Corners Community Health Assessment Data, From Nebraska Department of Health & Human Services (NE DHHS)

NE DHHS Vital Statistics

Nebraska Behavioral Risk Factor Surveillance System (BRFSS), September 2015

American Lung Association

National Electronic Disease Surveillance System – Four Corners Data

<http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

<http://fourcorners.ne.networkofcare.org/ph/county-indicators.aspx#cat2>

<http://www.cdc.gov/diabetes/pdfs/library/diabetesreportcard2014.pdf>

http://dhhs.ne.gov/publichealth/Cancer%20Registry/CancerReport_2012.pdf

Forces of Change Assessment

The Forces of Change Assessment is aimed at identifying forces, such as trends, factors, or events that are or will be influencing the health and quality of life of the community and the work of the local public health system. The team brainstorms as to contributing causes of health challenges.

The following work product was created during the assessment:

What is occurring or might occur that affects the health of the community or the local public health system?

Behavioral Health	Changing Perceptions of Marijuana	Ag Economy Changes	Aging/Changing Workforce	Access to Care	Influence of Social Media & Technology	Integration of Care	Sense of Security	DHHS Reorganization
Healthy Relationships	It is legal in some areas	Moving from family farm to corporations	Aging Baby Boomers	Who Pays & Who Decides what treatment is received?	Bullying by Social Media	Interoperability	Post 9-11 Fear	No Chief Medical Officer
Sexual Violence	Those age 60+ and kids are okay with it	Corn Prices are low, but input costs remain the same		Managed Medicare and Medicaid	Communication methods are changing – no longer traditional forms	Everyone is communicating – patient, provider, community	Active Shooter Trainings are common	Public Perception is affected
Suicide	Health Perks	Security for the Ag Economy is not there		Too much red tape	How do people want to be contacted?	Drug Abuse should decrease with this in place		Trust is low
Prescription Drug Abuse	Difficult to intervene			Affects hospital stays & Healthcare Providers	Technology is becoming more scientific			Hurts communication and running programs
Alcohol Abuse – youth use	Have to think about long-term effects			Affordable Care Act	Cybersecurity is an issue			

Forces of Change Assessment (continued)

Behavioral Health	Changing Perceptions of Marijuana	Ag Economy Changes	Aging/Changing Workforce	Access to Care	Influence of Social Media & Technology	Integration of Care	Sense of Security	DHHS Reorganization
Substance Abuse Disorders	It is easy to get...how can we make a difference?			People with no or inadequate healthcare coverage are still out there				
Stress level is high for kids	Parents aren't always aware			Conversations are forced – end of life, quality vs. quantity of life				
Increase anxiety				There are more requirements on the providers				
Support/Care Team Approach needed				Time commitment to get kids in for immunizations, physicals, eye exams, etc. – parents may choose to opt out				
Kids don't have coping skills to deal with anxiety and stress								

Forces of Change Assessment (continued)

Community Changes	Concussions	Increased Awareness of Environment	Increased Awareness of Prevention	Partnerships Across District	Uncertain Political Future	Resistant and New Communicable Diseases	Telemedicine	Working Poor
National chains changes small community business & future of community	Impacts learning	Recycling, Reduce and Reuse	Prevention vs. treatment	Positive		Re-emerging diseases such as Pertussis	Available across our District	Rise in poverty in middle class
	At times there is no buy-in from the coaches or parents	Consider pipeline attention	Proactive vs. reactive	We rely on the strengths of each other and work together		Food-borne illnesses, outbreaks and transmission	Used for health care and mental health services	Limited resources for this group
		Green Space awareness						How do they decide where \$ is spent?
		"Food Waste"						Transient families typically are in this group
		Climate Change						

Forces of Change Assessment (continued)

Increased Disparities	Changing Society and Social Norms	More Requirements on Schools	Wellness – Physical Activity & Nutrition	Legal Protections	Diversity of Family Structure
Transportation Needs	Go-Go-Go	Responsible to teach more things that should be taught at home	We know what to do, we just have to do it	Increased awareness	Single Parent Households
Birth – Age 5 is critical to reach youth	Instant Gratification	Tools are there to help parents, but they choose not to participate	Impact on the school food system	Transgender Issues	Division of parenting styles
Childcare Needs	Busy lifestyles for parents and kids				Who makes the decisions?
Low-income housing availability	Sense of Entitlement				Nontraditional parenting
Public transportation for the elderly and kids					Parents have too many options
Post 9-11 Veterans and their families feel isolated					Parents need the skills to find what they need
Food Access					

Strategic Priorities

Strategic priorities are selected with the overall goal in mind to improve the health and well being of all those who reside in the Four Corners Health Department District. The findings from the four MAPP assessments are reviewed to provide a picture of issues that are important to the community and local public health system. It is important to remember that various issues rise to the surface during the assessment process. While all issues are important, the issues selected as priorities are ones we can rally around at this time to make a difference. The Community Health Advisory Team selected the following priorities based on the assessment data presented to them:

Local Public Health System Collaboration



Behavioral and Mental Health/Substance Abuse



Healthy Lifestyles (Physical Activity and Nutrition, Cancer, Diabetes, and Heart Disease)



Motor Vehicle Crashes and Deaths



Community Health Improvement Plan

The Community Health Improvement Plan is a long term, systematic plan that describes how the health department and community will work together to improve the health of the population served.

The Community Health Advisory Team, with additional partners, met to formulate goals and strategies in relation to the priorities selected. The team also referred to Healthy People 2020, Nebraska State Health Improvement Plan, and National Prevention Strategy goals and objectives.

During the years ahead, the local public health system will work together to find creative ways to address these strategic issues. Action plans are developed and progress will be reported and evaluated on an ongoing basis. Action plans may also be reviewed and updated to best address the needs of the community.

Improving the health of a community is a shared responsibility, not only of health care providers and the local public health system, but of everyone working to contribute to the well-being of its residents and visitors. It's important to recognize that no single organization has the depth or resources needed to raise the community health to a level of sustained excellence without strong partnerships. When partners successfully leverage resources, we can have the greatest impact on improving health outcomes.

Four Corners Health Department has a Resource Directory available on their website. District-wide resources can be found utilizing this tool. It consists of health related community resources in one comprehensive guide: <http://resourcedirectory.fourcorners.ne.gov/>. The Network of Care is also available on our website: <http://fourcorners.ne.networkofcare.org/ph/>.

District-wide resources available at a lower cost can be found in Appendix B.

Taking Action

Each strategic priority has a goal, targets/performance measures, and objectives to meet the targets/performance measures. Continual evaluation and updates will occur regularly. Lessons learned from actions taken will help guide future actions. Evaluation also assists in deciding if the right strategies were implemented and if the desired outcomes were achieved. This plan is flexible and can easily be adjusted to accommodate “forces of change”.

Priority Goal: Healthy Lifestyles

Reduce obesity and associated chronic disease (cancer, diabetes, and heart disease) through healthy nutrition, regular physical activity, and achievement and maintenance of healthy body weights.

Targets/Performance Measures:

Short-term: Local targets were set to achieve a 5% improvement over the next 5 years, consistent with the target of 10% change over 10 years set by Healthy People 2020.

- Decrease the percentage of adults consuming fruits less than 1 time per day.
 - Baseline: FCHD: 39.1% State: 41.1% (BRFSS 2015)
 - Target: FCHD: 37.1%
- Decrease the percentage of adults consuming vegetables less than 1 time per day.
 - Baseline: FCHD: 20.3% State: 24.7% (BRFSS 2015)
 - Target: FCHD: 19.3%
- Increase the percentage of adults meeting both aerobic physical activity and muscle strengthening recommendations.
 - Baseline: FCHD: 16.6% State: 21.8% (BRFSS 2015)
 - Target: FCHD: 17.4%
- Increase the percentage of adults who have had their cholesterol checked in the past 5 years.
 - Baseline: FCHD: 70.3% State: 75.1% (BRFSS 2015)
 - Target: FCHD: 73.8%
- Increase the percentage of adults who have had their blood pressure checked in the past year.
 - Baseline: FCHD: 85.6% State: 88.0% (BRFSS 2015)
 - Target: FCHD: 89.9%
- Increase the percentage of women (21-65 year olds) that are up to date on cervical cancer screening.
 - Baseline: FCHD: 76.3% State: 81.7% (BRFSS 2014)
 - Target: FCHD: 80.1%

Short-term (cont.):

- Increase the percentage of women (50-74 year olds) that are up to date on breast cancer screening (including mammogram and/or clinical breast exam performed by health professional).
 - Baseline: FCHD: 74.8% State: 76.1% (BRFSS 2014)
 - Target: FCHD: 78.5%
- Increase the percentage of adults (50-75 year olds) that are up to date on colon cancer screening.
 - Baseline: FCHD: 62.1% State: 65.2% (BRFSS 2015)
 - Target: FCHD: 65.2%
- Decrease the percentage of adults (excluding pregnant females) that have ever been told they have pre-diabetes.
 - Baseline: FCHD: 6.2% State: 5.8% (BRFSS 2014)
 - Target: FCHD: 5.9%
 - Note: With increased awareness and education of pre-diabetes, this number may increase instead of decrease.
- Increase the percentage of Nebraska high school students who report consuming fruit or drinking 100% fruit juices two or more times per day.
 - Baseline: Nebraska: 26.8% US: 31.5% (YRBS 2014/2015)
 - Target: Nebraska: 28.1%
- Increase the percentage of Nebraska high school students who report consuming vegetables three or more times per day.
 - Baseline: Nebraska: 13.2% US: 14.8% (YRBS 2014/2015)
 - Target: Nebraska: 13.9%
- Increase the percentage of Nebraska high school students who report being physically active 60 or more minutes per day during 5+ of the past 7 days.
 - Baseline: Nebraska: 52.8% US: 48.6% (YRBS 2014/2015)
 - Target: Nebraska: 55.4%
- Increase the percentage of Nebraska high school students who report completing strengthening exercises on 3+ of the past 7 days.
 - Baseline: Nebraska: 54.3% US: 53.4% (YRBS 2014/2015)
 - Target: Nebraska: 57.0%

Long-Term: Local targets were set to achieve a 5% improvement over the next 5 years, consistent with the target of 10% change over 10 years set by Healthy People 2020.

- Decrease the percentage of adults who are obese (BMI = 30+).
 - Baseline: FCHD: 33.6% State: 31.4% (BRFSS 2015)
 - Target: FCHD: 31.9%
- Decrease the percentage of adults who are overweight or obese (BMI = 25+).
 - Baseline: FCHD: 70.1% State: 67.0% (BRFSS 2015)
 - Target: FCHD: 66.6%
- Decrease the percentage of adults who have ever been told they had a heart attack or coronary heart disease.
 - Baseline: FCHD: 6.8% State: 5.8% (BRFSS 2015)
 - Target: FCHD: 6.5%
- Decrease the percentage of adults (excluding pregnant females) that have ever been told they have diabetes.
 - Baseline: FCHD: 9.1% State: 8.8% (BRFSS 2015)
 - Target: FCHD: 8.6%
- Decrease incidence/mortality rates due to female breast cancer. (Rates based on 100,000 population, Nebraska Cancer Registry 2004-2008).
 - Incidence Baseline: FCHD: 136.1 State: 125.3
 - Incidence Target: FCHD: 129.3
 - Mortality Baseline: FCHD: 25.3 State: 22.0
 - Mortality Target: FCHD: 24.0
- Decrease incidence/mortality rates due to colon cancer. (Rates based on 100,000 population, Nebraska Cancer Registry 2004-2008).
 - Incidence Baseline: FCHD: 58.7 State: 55.4
 - Incidence Target: FCHD: 55.8
 - Mortality Baseline: FCHD: 19.4 State: 18.8
 - Mortality Target: FCHD: 18.4

Objectives to meet targets/performance measures in the areas of fruit/vegetable consumption and physical activity/muscle strengthening for adults and youth:

- **Promote District-wide resources that are available:**
 - A variety of resources are available in each county. The focus is to promote county-wide resources on a District-wide basis. If agencies need an avenue to do so, they can utilize Four Corners Health Department's online calendar.
 - Farmers Markets are available in each county.
 - Every county has opportunities for promotion, including County Fairs, health fairs, home shows, etc.
 - Four Corners will also be updating their Resource Directory to make it more user-friendly and mobile accessible.
- **Promote regular nutrition and physical activity messages in paper and/or on website:**
 - Four Corners creates "Monthly Messages" that are focused on healthier eating and being active. A healthy recipe is also shared that is low fat, low sodium, and takes less than 30 minutes to make and get on the table. This monthly message will be shared with community partners to distribute on a monthly basis. The message is also posted on the FCHD website.
- **Gathering local Body Mass Index (BMI) data:**
 - FCHD will determine if an opportunity exists to collect BMI data from the schools in the District. School nurses may be asked if they can assist in this process. Polk County Health Department already has the data for Polk County schools.

Objectives to meet targets/performance measures in the area of cancer screening:

- **Promote District-wide resources that are available:**
 - Partners will continually promote screenings, especially during cancer awareness months (January – Cervical, March – Colorectal, October – Breast). Resources and activities will be shared on a District-wide basis.
 - Every county has opportunities for promotion, including County Fairs, health fairs, home shows, etc.
 - Four Corners will also be updating their Resource Directory to make it more user-friendly and mobile accessible.

Objectives to meet targets/performance measures in the areas of cholesterol and blood pressure screenings:

- **Promote screening opportunities available:**
 - Bloodwork and assessment opportunities will be promoted across the District.
 - Every county has opportunities for promotion, including County Fairs, health fairs, home shows, etc.
 - Four Corners will also be updating their Resource Directory to make it more user-friendly and mobile accessible.

Objectives to meet targets/performance measures in the area of pre-diabetes:

- **Promote Diabetes Prevention Classes that are available in all four counties.**
 - Information is available at the Four Corners website and at the Centers for Disease Control website.
 - Every county has opportunities for promotion, including County Fairs, health fairs, home shows, etc.
 - Four Corners will also be updating their Resource Directory to make it more user-friendly and mobile accessible.

Priority Goal: Motor Vehicle Crashes and Deaths

Reduce motor vehicle crashes and deaths through increased traffic safety public education and awareness.

Targets/Performance Measures:

Local targets were set to achieve a 5% improvement over the next 5 years, consistent with the target of 10% change over 10 years set by Healthy People 2020.

- Increase the percentage of adults who report always wearing a seatbelt when driving or riding in a car.
 - Baseline: FCHD: 68.1% State: 75.4% (BRFSS 2015)
 - Target: FCHD: 71.5%
- Decrease the percentage of adults who report texting while driving in the past 30 days.
 - Baseline: FCHD: 22.0% State: 24.9% (BRFSS 2015)
 - Target: FCHD: 20.9%
- Decrease the percentage of Nebraska high school students who report never/rarely wearing a seatbelt.
 - Baseline: Nebraska: 11.3% US: 6.1% (YRBS 2014/2015)
 - Target: Nebraska: 10.7%
- Decrease the percentage of Nebraska high school students who report texting or emailing while driving during the past 30 days.
 - Baseline: Nebraska: 49.4% US: 41.5% (YRBS 2014/2015)
 - Target: Nebraska: 46.9%

Objectives to meet targets/performance measures:

- Four Corners has a Drive Smart grant focused on speeding, occupant safety, pedestrian safety, and bicycle safety.
 - Media campaign includes commercials, radio ads, newspaper ads, poster distribution, mailings, and distribution through other programs.
 - Education and awareness will be emphasized at various events: Home Shows, Health Fairs, Bicycle Safety Events, County Fairs, and College Campuses.
 - Buckle Up messages will be stenciled in parking lots or installed on signs throughout the District.
 - Car Seat Checks will continue.

Priority Goal: Behavioral and Mental Health/Substance Abuse

Improve behavioral/mental health and reduce substance abuse through prevention, awareness, and by ensuring access to appropriate, quality services.

Targets/Performance Measures for Behavioral/Mental Health:

Local targets were set to achieve a 5% improvement over the next 5 years, consistent with the target of 10% change over 10 years set by Healthy People 2020.

- Decrease the percentage of adults told they have depression.
 - Baseline: FCHD: 16.7% State: 17.5% (BRFSS 2015)
 - Target: FCHD: 15.9%
- Decrease the percentage of adults reporting frequent mental distress in the past 30 days.
 - Baseline: FCHD: 8.2% State: 8.9% (BRFSS 2015)
 - Target: FCHD: 7.8%
- Decrease the percentage of Nebraska high school students who self-report depression during the past 12 months.
 - Baseline: Nebraska: 24.1% US: 29.9% (YRBS 2014/2015)
 - Target: Nebraska: 22.9%
- Decrease the percentage of Nebraska high school students who considered suicide during the past 12 months.
 - Baseline: Nebraska: 14.6% US: 17.7% (YRBS 2014/2015)
 - Target: Nebraska: 13.9%
- Decrease the percentage of Nebraska high school students who attempted suicide during the past 12 months.
 - Baseline: Nebraska: 8.9% US: 8.6% (YRBS 2014/2015)
 - Target: Nebraska: 8.5%

Targets/Performance Measures for Substance Abuse:

Local targets were set to achieve a 5% improvement over the next 5 years, consistent with the target of 10% change over 10 years set by Healthy People 2020.

- Decrease the percentage of adults reporting current cigarette smoking.
 - Baseline: FCHD: 17.2% State: 17.1% (BRFSS 2015)
 - Target: FCHD: 16.3%
- Decrease the percentage of adults reporting current smokeless tobacco use.
 - Baseline: FCHD: 6.2% State: 5.5% (BRFSS 2015)
 - Target: FCHD: 5.9%
- Decrease the percentage of adults reporting binge drinking in the past 30 days.
 - Baseline: FCHD: 17.5% State: 19.5% (BRFSS 2015)
 - Target: FCHD: 16.6%

Targets/Performance Measures for Substance Abuse (cont.):

- Decrease the percentage of adults reporting heavy drinking in the past 30 days.
 - Baseline: FCHD: 4.6% State: 5.7% (BRFSS 2015)
 - Target: FCHD: 4.4%
- Decrease the percentage of Nebraska high school students who report smoking cigarettes during the past 30 days.
 - Baseline: Nebraska: 13.3% US: 10.8% (YRBS 2014/2015)
 - Target: Nebraska: 12.6%
- Decrease the percentage of Nebraska high school students who report using smokeless tobacco during the past 30 days.
 - Baseline: Nebraska: 9.3% US: 7.3% (YRBS 2014/2015)
 - Target: Nebraska: 8.8%
- Decrease the percentage of Nebraska high school students who report binge drinking during the past 30 days.
 - Baseline: Nebraska: 14.3% US: 17.7% (YRBS 2014/2015)
 - Target: Nebraska: 13.6%

Objectives to meet targets/performance measures in the areas of Behavioral/Mental Health:

- Increase awareness of mental health and decrease the stigma associated with it.
 - Make trainings available across the District. Examples include: Mental Health First Aid (Adult and Youth), Bridges out of Poverty, and QPR (Question, Persuade, Refer) Gatekeeper Training for Suicide Prevention.
- Increase awareness of available mental health services.
 - Create Resource Directory for Behavioral and Mental Health Resources.
 - Four Corners will be updating their Resource Directory.
 - Create LOSS Team for Four Corners District.

Objectives to meet targets/performance measures in the area of Substance Abuse:

- Evidence based strategies will be implemented across the District in Prevention Coalitions.
 - Each county has a prevention coalition.
 - Each coalition will work to implement a minimum of three evidence based strategies per year.
 - Region V Services will monitor completion of evidence based programming.

Priority Goal: Local Public Health System Collaboration

Sustainable regional infrastructure for collective impact to increase the number of Four Corners residents who are healthy at every stage of life.

Objectives to meet this goal:

Enhance cross-sector collaboration in community planning and design to promote community health and safety.

- Maintain Community Health Advisory Team
- Meet with Hospital Administrators on a regular basis
 - Assist hospitals with Community Health Needs Assessments and strategic planning.
- Provide a more comprehensive assessment of community well-being, including additional partners focused on impacting social determinants of health.
 - Bridge resources – share data and information
- Collaborate on health and wellness initiatives, chronic disease management, and building capacity in additional areas.



2101 N. Lincoln Ave. – York, NE 68467
Phone: 402-362-2621 * 877-337-3573 Fax: 402-362-2687
E-mail: questions@fourcorners.ne.gov
Website: www.fourcorners.ne.gov

Appendix A: Community Health Survey

2015 Community Health Survey

Please take a moment to complete the survey below. The purpose of this survey is to collect your thoughts about community health topics in Butler, Polk, Seward, and York counties. The Four Corners District Partners will use the results of this survey to identify the most pressing health issues which can be addressed through community action. Thank you for your time. Please mark the appropriate category with a checkmark. Any additional comments you can provide are very helpful. If you do disagree, any comments can help us to improve. You are not required to answer any question – please answer only the questions you feel comfortable answering. This survey is also available online at <https://www.surveymonkey.com/r/FCHDCHA2015>. Please complete this survey by August 31, 2015.

1. What is the county where you live?

- ☐ Butler
- ☐ Polk
- ☐ Seward
- ☐ York

2. How old are you?

- ☐ 14-18 years
- ☐ 19-25 years
- ☐ 26-39 years
- ☐ 40-54 years
- ☐ 55-64 years
- ☐ 65-80 years
- ☐ Over 80 years

3. Which describes your race/ethnicity? Please select just one.

- ☐ American Indian, not Hispanic or Latino
- ☐ Asian, not Hispanic or Latino
- ☐ Black, not Hispanic or Latino
- ☐ Hispanic or Latino
- ☐ Native Hawaiian and other Pacific Islander, not Hispanic or Latino
- ☐ White, not Hispanic or Latino
- ☐ Multi-Race, not Hispanic or Latino
- ☐ Some other race alone, not Hispanic or Latino

4. Are you a U.S. citizen?

- ☐ Yes
- ☐ No

5. What is the highest education level you completed?

- ☐ Less than 9th grade
- ☐ 9th to 12th grade, no diploma
- ☐ High school graduate or equivalent
- ☐ Some college, no degree
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Graduate or professional degree

COMMUNITY HEALTH

6. How healthy would you rate your community (the area where you live)?

- ☐ Healthy ☐ Unhealthy ☐ Not sure

Comments: _____

QUALITY OF LIFE

Please select whether you agree, disagree, or are not sure about the following statements.

7. I am satisfied with the quality of life in my community.

- ☐ Agree ☐ Disagree ☐ Not sure

Comments: _____

8. There are enough health and wellness activities in my community.

- ☐ Agree ☐ Disagree ☐ Not sure

Comments: _____

9. I am satisfied with the health care system in the community.

- ☐ Agree ☐ Disagree ☐ Not sure

Comments: _____

10. It is easy to get in to see health care specialists.

- ☐ Agree ☐ Disagree ☐ Not sure

Comments: _____

11. I am satisfied with the medical care I receive.

- ☐ Agree ☐ Disagree ☐ Not sure

Comments: _____

12. It is a problem for me to pay for medical care.

- ☐ Agree ☐ Disagree ☐ Not sure

Comments: _____

13. People are able to get medical care when they need it.

- ☐ Agree ☐ Disagree ☐ Not sure

Comments: _____

ECONOMIC OPPORTUNITY

14. There are jobs available in my community.

- ☐ Agree ☐ Disagree ☐ Not sure

Comments: _____

15. There are opportunities for advancement in my community.

- ☐ Agree ☐ Disagree ☐ Not sure

Comments: _____

16. The jobs in my community pay enough to live on.

- ☐ Agree ☐ Disagree ☐ Not sure

Comments: _____

SAFETY & SOCIAL SUPPORT

17. My community is a safe place to live.

- ☐ Agree ☐ Disagree ☐ Not sure

Comments: _____

18. My neighbors know, trust, and look out for each other.

- ☐ Agree ☐ Disagree ☐ Not sure

Comments: _____

19. There are support systems for individuals and families.

- ☐ Agree ☐ Disagree ☐ Not sure

Comments: _____

CHILDREN

20. The community is a good place to raise children.

- ☐ Agree ☐ Disagree ☐ Not sure

Comments: _____

21. There is enough information and assistance on parenting.

- ☐ Agree ☐ Disagree ☐ Not sure

Comments: _____

22.Safe and affordable child care is available if I need it.

☐ Agree

☐ Disagree

☐ Not sure

Comments: _____

23.I am satisfied with the school systems' policies and practices related to healthy eating and exercise for students.

☐ Agree

☐ Disagree

☐ Not sure

Comments: _____

24.There are enough after school opportunities for school age children.

☐ Agree

☐ Disagree

☐ Not sure

Comments: _____

25.My community offers plenty of affordable recreational and organized sports opportunities for children and youth.

☐ Agree

☐ Disagree

☐ Not sure

Comments: _____

26.My community offers plenty of other educational/learning activities for children and youth.

☐ Agree

☐ Disagree

☐ Not sure

Comments: _____

SENIORS

27.My community is a good place to grow older.

☐ Agree

☐ Disagree

☐ Not sure

Comments: _____

28.There are enough senior-friendly housing developments.

☐ Agree

☐ Disagree

☐ Not sure

Comments: _____

29.There is transportation for older adults.

☐ Agree

☐ Disagree

☐ Not sure

Comments: _____

30. There are enough meal programs for older adults.

- ☐ Agree ☐ Disagree ☐ Not sure

Comments: _____

31. There are systems of support for the elderly living alone.

- ☐ Agree ☐ Disagree ☐ Not sure

Comments: _____

STRESS

32. Please select up to three items from the list below that cause you the most amount of stress.

- | | |
|--|--|
| <input type="radio"/> Abuse | <input type="radio"/> Negative use of social media/internet |
| <input type="radio"/> Discrimination | <input type="radio"/> Parenting/children |
| <input type="radio"/> Extracurricular activities | <input type="radio"/> Poor or unstable housing |
| <input type="radio"/> Family responsibilities | <input type="radio"/> Relationship problems (friends, spouses, etc.) |
| <input type="radio"/> Lack of safety | <input type="radio"/> School |
| <input type="radio"/> Lack of transportation | <input type="radio"/> Substance abuse |
| <input type="radio"/> Major life events | <input type="radio"/> Unemployment |
| <input type="radio"/> Mental or physical health concerns | <input type="radio"/> Work/job |
| <input type="radio"/> Money/finances | <input type="radio"/> Other (please specify) |

33. What are three common ways you manage your stress?

- | | |
|---|--|
| <input type="radio"/> Clean or do chores | <input type="radio"/> Pray or go to church |
| <input type="radio"/> Drink alcohol | <input type="radio"/> Read |
| <input type="radio"/> Eat | <input type="radio"/> See a mental health professional |
| <input type="radio"/> Exercise, walk, or go for a bike ride | <input type="radio"/> Shop |
| <input type="radio"/> Go for a drive | <input type="radio"/> Smoke |
| <input type="radio"/> Listen to music | <input type="radio"/> Spend time doing a hobby |
| <input type="radio"/> Nap | <input type="radio"/> Spend time with/call family or friends |
| <input type="radio"/> Nothing | <input type="radio"/> Watch TV or movies |
| <input type="radio"/> Play sports | <input type="radio"/> Other (please specify) |
| <input type="radio"/> Play video games or surf the internet | |

HEALTH PROBLEMS

34. What do you think are the three biggest “health problems” in your community? (Please check only three)

- | | |
|--|--|
| <input type="radio"/> Access to health care | <input type="radio"/> Infectious Diseases (e.g. whooping cough, influenza, etc.) |
| <input type="radio"/> Accidental/unintentional injuries | <input type="radio"/> Mental Health Problems |
| <input type="radio"/> Alcohol abuse | <input type="radio"/> Motor Vehicle Crash Injuries |
| <input type="radio"/> Aging problems (arthritis, hearing loss, etc.) | <input type="radio"/> Rape/Sexual Assault |
| <input type="radio"/> Being overweight | <input type="radio"/> Respiratory/Lung Disease |
| <input type="radio"/> Cancers | <input type="radio"/> Sexually Transmitted Diseases (STDs) |
| <input type="radio"/> Childhood abuse/neglect | <input type="radio"/> Suicide |
| <input type="radio"/> Dental problems | <input type="radio"/> Teenage Pregnancy |
| <input type="radio"/> Diabetes | <input type="radio"/> Don't know/Not sure |
| <input type="radio"/> Domestic violence | <input type="radio"/> Others: |
| <input type="radio"/> Heart disease & Stroke | _____ |
| <input type="radio"/> High blood pressure | _____ |
| <input type="radio"/> Infant deaths | _____ |

35. What do you think are the three most significant “risky behaviors” in your community? (Please check only three)

- | | |
|---|--|
| <input type="radio"/> Alcohol abuse | <input type="radio"/> Racism |
| <input type="radio"/> Dropping out of school | <input type="radio"/> Tobacco use |
| <input type="radio"/> Illegal drug abuse (marijuana, cocaine, heroin, etc.) | <input type="radio"/> Too much screen time (TV, computer, phone, etc.) |
| <input type="radio"/> Lack of exercise | <input type="radio"/> Unsafe sex |
| <input type="radio"/> Not getting “shots” to prevent disease | <input type="radio"/> Working too much |
| <input type="radio"/> Not getting enough sleep | <input type="radio"/> Don't know/Not sure |
| <input type="radio"/> Not using seat belts and/or child safety seats | <input type="radio"/> Others: |
| <input type="radio"/> Poor eating habits | _____ |
| <input type="radio"/> Prescription drug abuse | _____ |
| | _____ |

36. Of the health problems and risky behaviors that you marked, which one would you suggest the community work on?

37. Tell us what makes you feel your county is healthy.

38. Tell us what makes you feel your county is unhealthy.

Appendix B: Where Can I Find Services...

Where Can I Find... Services that can be a lower cost.

PARENTING RESOURCES:

For a crisis, resource and/or referral, especially for kids and parents. From bullying, drugs and thoughts of suicide, to sharing and obedience issues, trained counselors are standing by to help.
Confidential. Any problem. Any time.

- Lincoln Lancaster Partners for Success
<http://www.talkaboutalcohol.org/>
- Boys Town National Hotline 1-800-448-3000
<http://www.boystown.org/hotline>
- Nebraska Family Helpline 1-888-866-8660
http://dhhs.ne.gov/behavioral_health/Pages/nebraskafamilyhelpline_index.aspx
- MADD/Power of Parents
<http://www.madd.org/underage-drinking/the-power-of-parents/>



IMMUNIZATIONS:

<p>POLK COUNTY The times vary per clinic. Appointments must be made in advance through the Polk County Health Department. 402-747-2211</p>	<p>SEWARD COUNTY Third Tuesday of each month. 10:30 a.m. - 12:30 p.m. Appointments are required. Call BVCA Partnership at 402-826-2141 Clinic dates, times and locations subject to change.</p>	<p>YORK COUNTY Second Monday of the Month 12:30pm– 4:30 pm Appointments are required. Please call York Home Care Plus 402-362-2566.</p>
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ASSISTANCE:

Blue Valley Community Action

<p>BVCA Partnership Butler County 416 "E" Street David City NE 68632 PH (402) 367-4347 butlerfcs@bvca.net</p>	<p>BVCA Partnership Polk County 440 Nebraska Avenue PO Box 63 Osceola NE 68651 PH (402) 747-2102 polkfcs@bvca.net</p>	<p>BVCA Partnership Seward County 105 South 6th Street PO Box 342 Seward NE 68434 (402) 643-6425 sewardfcs@bvca.net</p>	<p>BVCA Partnership York County 3401 North Lincoln Avenue York NE 68467 (402) 362-3516 yorkfcs@bvca.net</p>
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Blue Valley Community Action Partnership operates over 30 programs (assistance with food, affordable housing, immunizations, referrals and more). Each program has multiple services. Most programs and services are designed to interact with and complement each other. Thus you may qualify for, and want to use, more than one program. You will be required to fill out BVCA Partnership's Family Intake Form.



MENTAL HEALTH SERVICES:

Blue Valley Behavioral Health

Butler County: 367 "E" Street, P.O. Box 185 David City, NE 68632 Phone: (402) 367-4216 Fax: (402) 367-4286 Open: Monday - Thursday	Seward County: 459 S. 6th St. Suite 1 Seward, NE 68434-2069 Phone: (402) 643-3343 Fax: (402) 643-4048 Monday: 1:00pm - 8:00pm Tuesday - Friday: 9:00am - 5:00pm	York County: 722 S. Lincoln Ave, Suite 1 York, NE 68467-4242 Phone: (402) 362-6128 Fax: (402) 362-7012 Monday: 9:00am - 8:00pm Tuesday - Friday: 9:00am - 5:00pm
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Mental Health Services from Licensed Staff

Our mental health staff actively treat both adults and youth who are experiencing emotional and/or behavioral difficulties. These mental health issues may include depression, anxiety, anger control, family conflict, childhood disorders along with many other behavioral health areas. Counseling will be provided on an individual, family, group and/or marital basis. In addition, Psychological Evaluations (PhD), Medication Management and school based services are also provided.



Substance Abuse Services/Licensed Staff

Our substance abuse staff provide treatment to both adults and youth who experience difficulties with alcohol and/or drugs. Treatment is offered on an individual, family and group basis. Substance Abuse Evaluations and Education Groups are also available.

Community Support Services/Staff

Our community support staff provides case management services to adults who are diagnosed with severe and persistent mental illnesses.

CREDIT COUNSELING:

Green Path Debt Solutions

(formerly Consumer Credit Counseling Service)



Speak with a Counselor

- For a branch office nearest you, call **1-800-388-2227**
- Espanol, for Spanish language assistance call **1-877-494-2227**
- For your convenience, we also offer phone counseling. Call **1-877-494-2227**

Online: <http://www.greenpath.com/>

OTHER LOCAL SERVICES:

Four Corners Health Department Public Health Nurse 1-877-337-3573

For assistance getting services (including medical or dental resources) when needed.

Help finding resources to pay for medication.

Referral to the right place at the right time.



Or search our online directory. It consists of health related community resources in one comprehensive guide:

<http://resourcedirectory.fourcorners.ne.gov/>

1-877-337 3573 or 1-402-362-2621

www.fourcorners.ne.gov

2101 N Lincoln Ave York, NE 68467-1027



2101 N. Lincoln Ave. – York, NE 68467

Phone: 402-362-2621 * 877-337-3573 Fax: 402-362-2687

E-mail: questions@fourcorners.ne.gov

Website: www.fourcorners.ne.gov